WOODCHURCH HOUSE - FALLS PROTOCOL

The Nurse-in-Charge must make an assessment of injury using the Post Fall Assessment Checklist (Appendix 1) prior to moving the resident

Slight/Minor

- No apparent injury
- No head injury
- No complaints of pain/discomfort (verbal/nonverbal)
- Mobility unaffected able to move limbs on command or spontaneously
- No signs of bruising/ wounds
- No signs of limb deformity/shortening rotation

Minor/Injury

- Some bruising
- Slight skin wounds
- Slight discomfort
- No mobility problems able to move limbs on command and spontaneously (within pre-fall range of movement)
- No head injury
- No signs of limb deformity/ shortening/ rotation

Major/Injury

- Loss of consciousness
- Reduced consciousness
- Signs of head injury
- Airway/breathing problems
- Haemorrhage / bleeding
- Chest pain
- Limb deformity
- Pain/discomfort
- Swelling
- Extensive bruising
- Unable to move limbs, joints on command
- Dizziness or vomiting
- Any fall from height above 2 meters
- Any other concerns by assessor.

Any change in condition causing concern, call GP or Emergency Care Practitioner on 999

- Assist resident to a comfortable place (using hoist/handling aid as required)
- Write up Post Falls
 Assessment in Residata
 using Checklist in Appendix
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- Observe resident for 24 hours for pain/and write it up in Residata
- Complete a body map (Appendix 2) and document in Residata.

- Administer first aid and assist resident to a comfortable place (using hoist/handling aid as required)
- Write up Post Falls
 Assessment in Residata using the Checklist in Appendix 2
- Observe resident for 24 hours for pain/and write it up in Residata
- Complete a body map (Appendix 3) and document the details in Residata.
- Inform relatives and document discussion in Residata
- Inform GP (FAX print out of Post Falls Assessment to Practice) and ask to see resident within next 5 days (unless deterioration)
- Inform Care Manager

- Do not move resident
- Call 999 for ambulance
- Inform relatives and document discussion in Residata

Complete incident form/record in accident book

POST FALL - ASSESSMENT CHECK LIST The following areas must be written up in Residata "Care Notes" immediately after all falls

Date/Time of Fall		
Level of Consciousness (Check for head injury)	 Select one option from: Responsive (verbal/other) Less responsive than usual Unresponsive/unconscious (call 999) 	
Pain/ Discomfort	Select one option from: No evidence of pain/discomfort Showing signs of pain (non verbal) Complaining of pain (verbal) Site of Pain (if any)	
Injury/wounds (check for open wounds, haemorrhage)	Select one option from: No evidence of bleeding Swelling/deformity Bruising/bleeding Site of Injury (if any)	
Movement (check for shortening or rotation of limb)	 Select one option from: Able to move limbs on command (within pre-fall range of movement) Able to move but with pain Unable to move limbs on command or spontaneously 	
Observations (Before moving if injury suspected)	Record the following: Pulse Blood Sugar Blood Pressure	
Mobility	 Select one option from: Able to get up and weight bear Able to assist but showing signs of discomfort Unable to assist themselves up and requires hoist or other handling equipment. Major change in mobility and condition from pre-fall status? 	

Conclusion,	Clini	ical
assessment	and	judgment

Select one option from:

- Slight/Minor. If so,
 - o Document in Residata Care Notes
- Minor/Injury. If so,
 - o Commence 24 hour observation
 - Inform relatives and document in Residata Care Notes
 - o Inform GP and ask to see within
 - 5 days (FAX this form to surgery)
 - o Inform Care Manager
- Major/Injury. If so,
 - Suspected/confirmed injury, call 999
 - Inform relatives and document in Residata Care Notes
 - o First aid/resuscitate as appropriate
 - Close observation until help arrives
 - Provide ambulance staff with a copy of this form
 - o FAX form to GP surgery
 - o Inform Care Manager

Body Map – Assessment of Injury

Assessed by:(print name)
Marks or bruising on residents body (describe and mark on map above)
Date/Time
Signature

Residents Name: