

CORNFORD 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 2
- 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

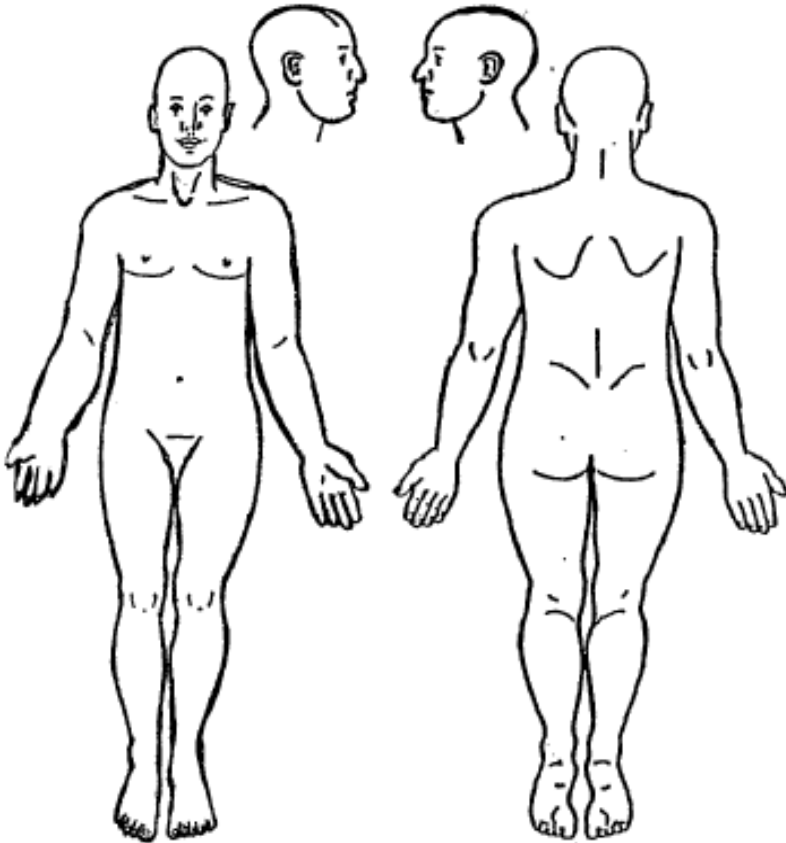
Date/Time of Fall	
Level of Consciousness (Check for head injury)	Select one option from: <ul style="list-style-type: none"> • Responsive (verbal/other) • Less responsive than usual • Unresponsive/unconscious (call 999)
Pain/ Discomfort	Select one option from: <ul style="list-style-type: none"> • No 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Pulse • Blood Sugar • Blood Pressure
Mobility	Select one option from: <ul style="list-style-type: none"> • 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, Clinical assessment and judgment	<p>Select one option from:</p> <ul style="list-style-type: none">• Slight/Minor. If so,<ul style="list-style-type: none">○ Document in Residata Care Notes• Minor/Injury. If so,<ul style="list-style-type: none">○ Commence 24 hour observation○ Inform relatives and document in Residata Care Notes○ Inform GP and ask to see within 5 days (FAX this form to surgery)○ Inform Care Manager• Major/Injury. If so,<ul style="list-style-type: none">○ Suspected/confirmed injury, call 999○ Inform relatives and document in Residata Care Notes○ First aid/resuscitate as appropriate○ Close observation until help arrives○ Provide ambulance staff with a copy of this form○ FAX form to GP surgery○ Inform Care Manager
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Body Map – Assessment of Injury

Residents Name: _____

Assessed by: _____
(print name)



Marks or bruising on residents body (describe and mark on map above)

Date/Time _____

Signature _____