

CORNFORD HOUSE - FALLS PROTOCOL

The Duty Manager 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 change in consciousness from a head injury
- No signs of limb deformity/shortening/ rotation

Major/Injury

- Loss of consciousness from a head injury
- Reduced consciousness from a 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 PCS using Checklist in Appendix 2
- Observe resident for 24 hours for pain/and write it up in PCS
- Complete a body map (Appendix 2) and document in PCS.

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

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

Complete incident form/record in accident book

POST FALL - ASSESSMENT CHECK LIST
The following areas must be written up in PCS
immediately after all falls

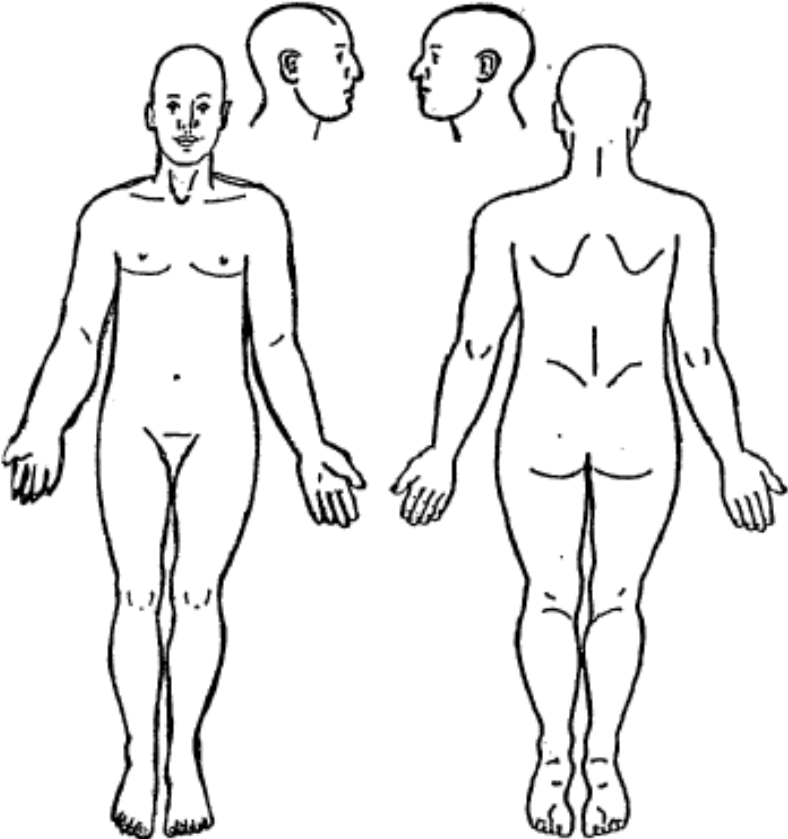
Date/Time of Fall	
Level of Consciousness (Check for head injury)	Select one option from: <ul style="list-style-type: none"> • Responsive (verbal/other) • Less responsive than usual • Unresponsive/unconscious (call 999)
Pain/ Discomfort	Select one option from: <ul style="list-style-type: none"> • No 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 PCS.• Minor/Injury. If so,<ul style="list-style-type: none">○ Commence 24 hour observation.○ Inform relatives and document in PCS.○ Inform GP in writing and ask to see within 5 days.• Major/Injury. If so,<ul style="list-style-type: none">○ Suspected/confirmed injury, call 999.○ Inform relatives and document in PCS○ First aid/resuscitate as appropriate○ Close observation until help arrives○ Provide ambulance staff with a copy of this form○ Inform GP in writing
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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 _____