**NHS Gloucestershire CGG – Falls Protocol – Residential/Nursing Homes**

[The Nurse-in-Charge/ Senior Member of staff must make an assessment of injury using the Post Fall Assessment Checklist (Appendix 1) prior to moving the resident](http://rodwellfarm.co.uk/documents/Public%20Documents/1.1%20Resident%20Care%20Planning%20&%20Daily%20Reporting/Protocol%20for%20responding%20to%20Falls.pdf" \l "page=1" \o "Page 1)

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.

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

Administer first aid and assist resident to a comfortable place (using hoist/handling aid as required)

• Write up Post Falls Assessment using the Checklist in Appendix 1

• Observe resident for 24 hours for pain/and write it up

• Complete a body map

(Appendix 2) and document the details

• Inform relatives and document discussion

• 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

* Assist resident to a

comfortable place (using

hoist/handling aid as

required)

• Write up Post Falls

Assessment using Checklist in Appendix 1.

• Observe resident for 24

hours for pain/and write up

• Complete a body map

(Appendix 2) and document

**Do not move resident**

• Call 999 for ambulance

• Inform relatives and document discussion in resident notes

Any change in condition causing concern, call GP in-hours or NHS 111 out of hours.

For Nursing Homes, qualified Nursing Staff can call the Health Care Professional Line on 0300 3690461

**Complete Accident/Incident form and record in Resident’s care plan**

**POST FALL - ASSESSMENT CHECK LIST**

Appendix 1

|  |  |
| --- | --- |
| **Date of Fall……………….………………………………….**  **Time of Fall………………............. AM/PM**  **Location of Fall………………………………………………** | |
| **Level of Consciousness**  **(Check for head injury)**  Select one option | * **Responsive (verbal/other)** * **Less responsive than usual** * **Unresponsive/unconscious (call 999)** |
| **Pain/ Discomfort**  Select one option | * **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 | * **No evidence of bleeding** * **Swelling/deformity** * **Bruising/bleeding** * **Site of Injury (if any)** |
| **Movement**  **(check for shortening or rotation of limb)**  Select one option | * **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 each point | * **Pulse** * **Blood Sugar** * **Blood Pressure** |
| **Mobility**  Select one option | * **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**  Select one  And complete all 3 points.  **Conclusion, Clinical**  **assessment and judgment**  Select one  And complete all 5 points  **Conclusion, Clinical**  **assessment and judgment**  Select one  And complete all 7 points | * **Slight/Minor. If so,**  1. **Document in Care Notes.** 2. **Commence 24 hour observations.** 3. **Commence individual assessments (see panel below)**  * **Minor/Injury. If so,**  1. **Commence 24 hour observation** 2. **Inform relatives and document in**   **Care Notes**   1. **Inform GP and ask to see within** 2. **days (FAX this form to surgery)** 3. **Commence individual assessments (see panel below)** 4. **Inform Care Manager**  * **Major/Injury. If so,**  1. **Suspected/confirmed injury, call 999** 2. **Inform relatives and document in**   **Care Notes**   1. **First aid/resuscitate as appropriate** 2. **Close observation until help arrives** 3. **Provide ambulance staff with a copy of this form** 4. **FAX form to GP surgery** 5. **Inform Care Manager** |
| **Individual Assessments Required:**   1. **Falls History** 2. **Further risk of falls identified** 3. **Medical state assessed** 4. **BP/UTI?** 5. **Medication** 6. **Mental State Assessment** 7. **Gait/Balance assessment** 8. **Footwear/Foot care Assessment** 9. **Eyesight /Hearing** 10. **Toilet Requirements** 11. **Environmental Audit/Telecare needs** 12. **Do residents with dementia require more supervision and assistance** |  |

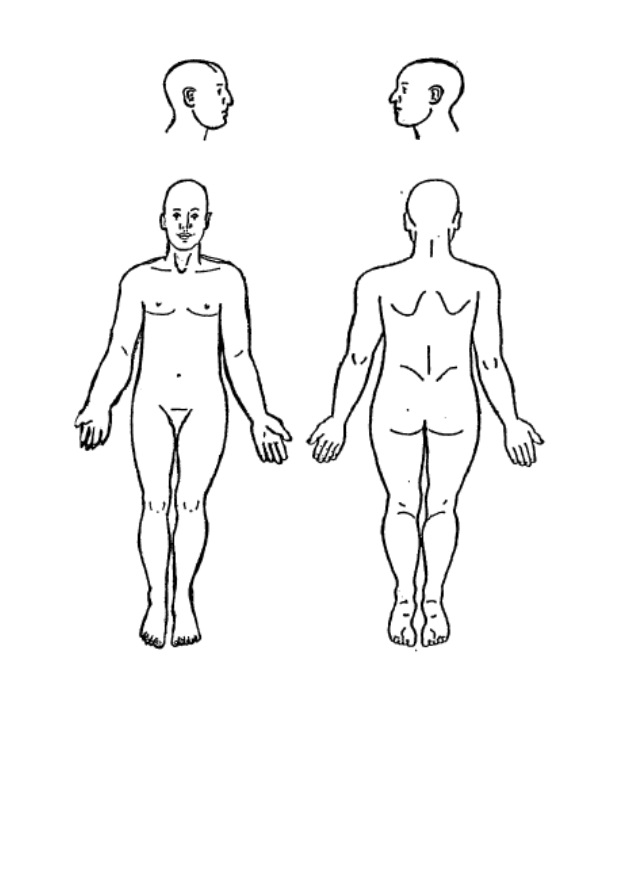
Appendix 2

**Body Map – Assessment of Injury**

**Residents Name ………………………………………………………………..**

**Assessed by: ………………………………………………………………..**

**(Print Name)**



**Marks or bruising on resident’s body (describe and mark on map above)**

**Date/Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**