**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%26%20Daily%20Reporting/Protocol%20for%20responding%20to%20Falls.pdf%22%20%5Cl%20%22page%3D1%22%20%5Co%20%22Page%201)

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 oneAnd complete all 3 points. **Conclusion, Clinical****assessment and judgment**Select oneAnd complete all 5 points**Conclusion, Clinical****assessment and judgment**Select oneAnd 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**