

## KETTLEWELL 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**

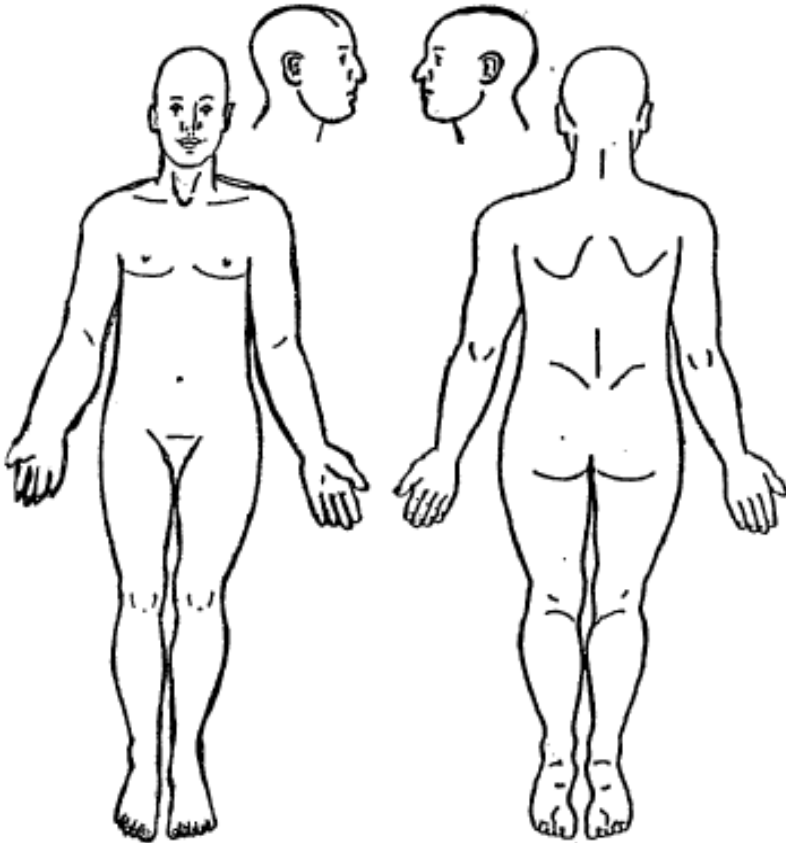
Date/Time of Fall	
Level of Consciousness (Check for head injury)	Select one option from: <ul style="list-style-type: none"> <li>• Responsive (verbal/other)</li> <li>• Less responsive than usual</li> <li>• Unresponsive/unconscious (call 999)</li> </ul>
Pain/ Discomfort	Select one option from: <ul style="list-style-type: none"> <li>• No evidence of pain/discomfort</li> <li>• Showing signs of pain (non verbal)</li> <li>• Complaining of pain (verbal)</li> </ul> Site of Pain (if any)
Injury/wounds (check for open wounds, haemorrhage)	Select one option from: <ul style="list-style-type: none"> <li>• No evidence of bleeding</li> <li>• Swelling/deformity</li> <li>• Bruising/bleeding</li> </ul> Site of Injury (if any)
Movement (check for shortening or rotation of limb)	Select one option from: <ul style="list-style-type: none"> <li>• Able to move limbs on command (within pre-fall range of movement)</li> <li>• Able to move but with pain</li> <li>• Unable to move limbs on command or spontaneously</li> </ul>
Observations (Before moving if injury suspected)	Record the following: <ul style="list-style-type: none"> <li>• Pulse</li> <li>• Blood Sugar</li> <li>• Blood Pressure</li> </ul>
Mobility	Select one option from: <ul style="list-style-type: none"> <li>• Able to get up and weight bear</li> <li>• Able to assist but showing signs of discomfort</li> <li>• Unable to assist themselves up and requires hoist or other handling equipment.</li> <li>• Major change in mobility and condition from pre-fall status?</li> </ul>

<b>Conclusion, Clinical assessment and judgment</b>	<p>Select one option from:</p> <ul style="list-style-type: none"><li>• Slight/Minor. If so,<ul style="list-style-type: none"><li>○ Document in Residata Care Notes</li></ul></li><li>• Minor/Injury. If so,<ul style="list-style-type: none"><li>○ Commence 24 hour observation</li><li>○ Inform relatives and document in Residata Care Notes</li><li>○ Inform GP and ask to see within 5 days (FAX this form to surgery)</li><li>○ Inform Care Manager</li></ul></li><li>• Major/Injury. If so,<ul style="list-style-type: none"><li>○ Suspected/confirmed injury, call 999</li><li>○ Inform relatives and document in Residata Care Notes</li><li>○ First aid/resuscitate as appropriate</li><li>○ Close observation until help arrives</li><li>○ Provide ambulance staff with a copy of this form</li><li>○ FAX form to GP surgery</li><li>○ Inform Care Manager</li></ul></li></ul>
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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 \_\_\_\_\_