Post Fall Assessment

**Witnessed or suspected fall**

- **Is the patient unconscious?**
  - **YES**
  - **Call ERT and/or Code BLUE as appropriate**
  - **DO NOT MOVE PATIENT**
  - **C-collar pending imaging and C-spine clearance by MD/LIP**
  - **Nursing Assessment**
    - Vital signs
    - Injuries
    - LOC / neuro checks
    - ROM
    - Patient activity
    - Patient behavior

- **NO**
  - Patient experiencing any of the following?
    - Neck pain
    - Midline cervical tenderness
    - Abnormal neurologic check
    - Altered mental status
    - Poor historian

**ISBAR Communication**

- **Introduction**
  - MD/LIP, nursing leadership, and appropriate interdisciplinary care team members

- **Situation**
  - Fall witnessed
  - Hit head
  - Location / circumstances of fall

- **Background**
  - Admission diagnosis
  - Anticoagulated
  - Low platelets

- **Assessment**
  - New injury
  - Change in LOC
  - Vital signs
  - Neuro check results

- **Recommendation**
  - Post fall huddle completed
  - Returned to bed
  - Prepare for CT / other studies
  - ERT called

**MD/LIP Evaluation**

- Consider need for emergent imaging prior to or concurrently with team assessment

**Team assesses patient for high risk complications:**

- Unwitnessed fall
- Head or neck involvement
- Bleeding disorder
- Thrombocytopenia
- Elevated INR
- Anticoagulants
- Antiplatelet agents
- Intoxicated
- Sedated
- Demented or delirious
- Osteoporosis
- Sensory loss (new onset)

**Imaging Considerations**

- **Brain imaging**
  - Consider non-contrast head CT if:
    - Unclear head trauma
    - Obvious head trauma
    - Head trauma with antiplatelet or anticoagulant therapy
  - Please see page 2 for additional imaging recommendations

- **Hip imaging**
  - Consider if:
    - Leg shortened
    - Pain with ROM of leg
    - Pain especially with external rotation

- **Spine Imaging**
  - Consider CT if:
    - Focal neurological deficit
    - No neurological deficit but significant C-spine (bone) tenderness/pain
    - Obvious deformity

**NOTE:** Utilize other imaging as clinically indicated and consider trauma surgery consult.

**Other items to be frequently monitored by nursing staff based on patient condition:**

- Behavioral change
- LOC
- Headache
- Vomiting
- Pain
- Swelling

**Call MD/LIP for any abnormalities**

**Team discusses patient fall:**

- Contributing factors
- Mechanism of any injury
- Modification to plan of care

**MD/LIP**

- Enter note in Medical Record as indicated
- Order imaging as indicated
- Consider ordering increased vitals and neuro checks to monitor for neurological deficits
- Consider additional consults on page 2

**Nurse / Other Licensed Member**

- Enter note in Medical Record
- Implement post fall interventions

---

Copyright © 2015. The Ohio State University. All rights reserved. No part of this document may be reproduced, displayed, modified, or distributed in any form without a written agreement with the Ohio State University Technology Commercialization Office.
Head Imaging Indications

- Consider head CT in patients who struck their head and have:
  - Coagulopathy including antiplatelet or systemic anticoagulant therapy
    - Clopidogrel carries as much risk of ICH as warfarin
  - Loss of consciousness
  - Posttraumatic headache
  - Age > 60 years
  - Visible trauma above the clavicles
  - Posttraumatic seizure
  - Posttraumatic vomiting
  - Amnesia to event
  - New focal neurologic deficit
  - GCS < 15
  - Altered Mental Status

Note: Please see New Orleans/Charity Head Trauma/Injury Rule calculator.

Potential Consults

- Pharmacy
- Geriatric Team
- Trauma Surgery

References


IHIS OrderSet

- OSU IP GEN: Post Fall Assessment [3908]

Quality Measures

- Total volume of patient falls
  - Number of falls resulting in patient harm
- Frequency of falls order set use
- Delayed identification of acute injury

OSUWMC Resources

For additional and detailed information on falls, please refer to the OSUWMC Falls Resource Page.

Authors

- Amy Knupp, PhD, RN, APRN-CNS, CPPS
- Dustin Chase, MD
- Todd Yamokoski, MS, RN, CNS
- Carol Colussi, MHA, BSN, RN, NEA-BC

Guideline Approved


Disclaimer: Clinical practice guidelines and algorithms at The Ohio State University Wexner Medical Center (OSUWMC) are standards that are intended to provide general guidance to clinicians. Patient choice and clinician judgment must remain central to the selection of diagnostic tests and therapy. OSUWMC’s guidelines and algorithms are reviewed periodically for consistency with new evidence; however, new developments may not be represented.