Post Fall Assessment

Witnessed or suspected fall

Is the patient unconscious?

YES

Call ERT and/or Code BLUE as appropriate

NO

Patient experiencing any of the following?
- Neck pain
- Midline cervical tenderness
- Abnormal neurologic check
- Altered mental status
- Poor historian

YES

DO NOT MOVE PATIENT

C-collar pending imaging and C-spine clearance by MD/LIP

NO

Nursing Assessment
- Vital signs
- Injuries
- LOC / neuro checks
- ROM
- Patient activity
- Patient behavior

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)

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

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

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

*Consider repeat non-contrast Head CT 6 hours after injury or with worsening symptoms

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
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.

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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.

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