

FALLS AND HITS HEAD	FALLS AND DOES NOT HIT HEAD	UNWITNESSED FALL
<p>SPECIAL CONSIDERATION – Patients on anticoagulant and/or antiplatelet therapy and patients with a known coagulopathy are at an increased risk of intracranial haemorrhage. Anticoagulants include: Warfarin, Heparin, Enoxaparin (Clexane), Dalteparin (Fragmin). Antiplatelet drugs include: Aspirin, Clopidogrel, Aspirin+Dipyridamole (Asasantin). Alcohol dependent persons are considered coagulopathic.</p>		
<ul style="list-style-type: none"> Do not move initially Call for assistance Immobilise Cervical Spine if head and neck pain is reported Baseline Vital signs (BP, heart rate, respiratory rate, oxygen saturation, Blood Sugar Level (BSL)) Neurological Observations - initial Glasgow Coma Scale (GCS) Observe for change in the level of consciousness, headache, amnesia or vomiting Clean and dress any wounds <p>↓</p> <p>Contact Medical Officer for review</p> <p>↓</p> <p>Consider need for analgesia</p> <p>↓</p> <p>Liaise for appropriate test (consider CT Scan if patient has any high risk factors, see Section 6 of <i>NSW Health PD2008_0081 Head Injury</i>)</p> <p>↓</p> <p>Notify registrar / consultant (if required)</p> <p>↓</p> <p>Observations</p> <ul style="list-style-type: none"> Record vital signs and neurological observations hourly for 4 hours then review Continue observations at least 4 hourly for 24 hours or as required Notify MO immediately if any change in observations <p>↓</p> <p>Notify family</p> <p>↓</p> <p>If not already flagged as high risk of fall injury, flag as per hospital protocol</p> <p>↓</p> <p>IIMS report</p> <p>↓</p> <p>Post Fall review</p> <p>Document in medical record strategies implemented</p>	<p>Potential Injuries: fracture, soft tissue injury or no observable injury.</p> <ul style="list-style-type: none"> Do not move initially Call for assistance Baseline Vital signs (BP, heart rate, respiratory rate, oxygen saturation, BSL) Clean and dress any wounds <p>↓</p> <p>Contact Medical Officer for review</p> <p>↓</p> <p>Consider need for analgesia</p> <p>↓</p> <p>Liaise for appropriate test (eg X rays)</p> <p>↓</p> <p>Notify registrar / consultant (if required)</p> <p>↓</p> <p>Observations</p> <p>Monitor vital signs for 24 hours</p> <p>↓</p> <p>Notify family</p> <p>↓</p> <p>If not already flagged as high risk of fall injury, flag as per hospital protocol</p> <p>↓</p> <p>IIMS report</p> <p>↓</p> <p>Post Fall Review</p> <p>Document in medical record strategies implemented</p>	<p>Potential Injuries: Head or neck injury, fracture, soft tissue injury or no observable injury.</p> <ul style="list-style-type: none"> Do not move initially Call for assistance Immobilise Cervical Spine if head and neck pain is reported Baseline Vital signs (BP, heart rate, respiratory rate, oxygen saturation, BSL) Neurological Observations - initial Glasgow Coma Scale (GCS) Observe for change in the level of consciousness, headache, amnesia or vomiting Clean and dress any wounds <p>↓</p> <p>Contact Medical Officer for review</p> <p>↓</p> <p>Consider need for analgesia</p> <p>↓</p> <p>Liaise for appropriate test (eg CT Scan if patient has any high risk factors, see Section 6 of <i>NSW Health PD2008_0081 Head Injury</i>)</p> <p>↓</p> <p>Notify registrar / consultant (if required)</p> <p>↓</p> <p>Observations</p> <ul style="list-style-type: none"> Record vital signs and neurological observations hourly for 4 hours then review Continue observations at least 4 hourly for 24 hours or as required Notify MO immediately if any change in observations <p>↓</p> <p>Notify family</p> <p>↓</p> <p>If not already flagged as high risk of fall injury, flag as per hospital protocol</p> <p>↓</p> <p>IIMS report</p> <p>↓</p> <p>Post Fall review</p> <p>Document in medical record strategies implemented</p>
<p>Reassess Falls Risk Status – Refer to relevant staff to review, update care plan and implement Falls prevention strategies</p>		
<p>Communication – All staff involved in the care of the patient to be informed of incident outcome and revised care plan</p>		

ACKNOWLEDGMENTS:

- Adapted From RNS and RHS Policy Per RNS2005/46
- Hook, ML., Winchel, S (2006) Fall Related Injuries in Acute Care: Reducing the Risk of Harm, MEDSURG Nursing, Vol 15/No.6
- NSW Department of Health, Policy Directive: *Initial Management of Closed Health Injury in Adults, PD2008_0081 Head Injury*, 2008.
- NSW Institute of Trauma and Injury Management www.itim.nsw.gov.au