PATHWAY FOR THE CLINICAL MANAGEMENT OF A PATIENT WHO HAS FALLEN

FOLLOW: POST FALL RETRIEVAL FROM FLOOR PATHWAY

Actual/suspected SPINAL INJURY/FRACTURE

PATIENT MUST REMAIN ON STRICT BED REST WITH HEAD AND NECK IMMOBILISED UNTIL INSTRUCTED OTHERWISE BY THE MEDICAL TEAM - LOG ROLL ONLY

Patient’s medical team to complete radiology request. To obtain urgent imaging, discuss with:
- Radiology inpatient reception (in hours)
- ED radiology reception/on call radiologist (out of hours)

Spinal injury confirmed by Radiologist (BOAST 2, 2008)

YES

Patient’s medical team to refer for neurosurgical/spinal team for review

NO

Patient’s medical team to clear spine:
- Remove collar and blocks
- Review analgesia
- Ensure post injury review/assessment in 12 hours after fall

Actual/suspected FRACTURE (INCLUDING HIP/FEMUR FRACTURE)

PATIENT MUST REMAIN ON STRICT BED REST UNTIL INSTRUCTED OTHERWISE BY THE MEDICAL TEAM. ROLL IN ALIGNMENT ONLY

Patient to x-ray within 2 hours
Patient’s medical team to complete radiology request. To obtain urgent imaging, discuss with:
- Radiology inpatient reception (in hours)
- ED radiology reception/on call radiologist (out of hours)

Fracture confirmed?

Fracture confirmed?

YES

Refer to Senior Trauma (Registrar) within 2 hours. Commence hip fracture protocol

NO

Refer to REACT / Physiotherapy

For an obvious open fracture wound and/or neurovascular injury; Request urgent review:
In hours: Senior Trauma Registrar / NORSE
Out of hours: On call Trauma Registrar
**PATHWAY FOR THE CLINICAL MANAGEMENT OF A PATIENT WHO HAS FALLEN SUSPECTED HEAD INJURY**
(Any trauma to the head other than superficial injuries to the head/face)

**DOCTORS RESPONSIBILITY:** Review patient within 30 minutes of the fall, arrange CT scan and follow up results.

For urgent CT scan discuss with:
- Radiology inpatient reception (in hours)
- ED radiology reception/on call radiologist (out of hours)

**NURSES RESPONSIBILITY:** Complete neurological observations and immediately escalate any deterioration to the medical staff.

**Neurological observations required if any of these criteria are met**
- Head injury reported by patient, witnessed head impact, or cannot be excluded
- Any fall unwitnessed where head injury cannot be confirmed/excluded
- External bruising, swelling or laceration to head
- New onset of symptoms suggestive of brain injury notably new neurological deficit, seizures, vomiting, headache, amnesia, altered consciousness, dizziness
- Pain or tenderness on head after fall
- Patients receiving therapeutic anticoagulation
- Patients receiving any form of anticoagulation (including VTE prophylaxis) and antiplatelet therapy together

**A CT scan must be completed within 1 hour post fall if:**
- The patient is on any form of therapeutic anticoagulation
- OR
- There is clinical suspicion of significant head injury based on examination and observations (most importantly: new neurological deficit, seizures, vomiting, headache, altered consciousness, amnesia, dizziness)

**A CT Scan must be completed as rapidly as possible if the patient deteriorates neurologically within 24 hours of a fall**

**Escalate clinical concerns early**
- For any incident where there is high suspicion of/proven brain injury after a fall, the most senior member of staff available must be informed immediately.
- For any incident where the GCS has fallen acutely or when less than 8/15, there is a risk of aspiration. The patient must be positioned to reduce this risk.
- Seek help from critical care where necessary.

**PATHWAY FOR THE CLINICAL MANAGEMENT OF A PATIENT WHO HAS FALLEN SUSPECTED HEAD INJURY**
(Any trauma to the head other than superficial injuries to the head/face)

**FOLLOW: POST FALL RETRIEVAL FROM FLOOR PATHWAY**

**COMMENCE NEUROLOGICAL OBSERVATIONS**

**GCS Normal for patient?**

- **NO**
  - Review by Doctor within 30 minutes
  - Continue ½ hourly neuro observations

- **YES**
  - ½ hourly neuro observations for 2 hours
  - 1 hourly neuro observations for 4 hours
  - 2 hourly neuro observations for 6 hours

If GCS drops by 1 or more points at any time, review by doctor within 30 minutes and continue ½ hourly neuro observations

The CT scan must be commented on by a radiologist within 1 hour of completion.