Tool 15: Post fall pathway for managing a resident who has fallen or has been found on the floor

A resident has fallen or has been found on the floor

**STAGE 1**

- Assess resident’s responsiveness and for any injury (including cuts, bruising, deformities or pain)

No obvious injury sustained

- Check for any pain, swelling or abnormality.
- Check understanding and comprehension.
- If in any doubt follow procedure for obvious injury.

Obvious injury sustained

- Do not move the person (unless in immediate danger of further injury, to protect airway or to treat profuse bleeding).
- Call for assistance/alert senior staff.
- Keep person warm and note any changes.
- Assess level of injury, provide reassurance and take appropriate action (for example, call ambulance/GP/NHS 24).
- If competent take vital signs for example, BP.
- Attend to superficial wounds.
- Injury to head suspected – ongoing observation for neurological changes.

Once established as far as reasonably practicable that there has been no obvious injury sustained, correct moving and handling practice should be followed to assist the resident from the floor.

**For Stage 1 see section A6 for more detail**

Independent person: Verbally talk through rising from the floor.

Dependent person: Appropriate hoist/floor lifting cushion must be used to lift from floor

Safe to move person

Not safe to move person

Call ambulance/GP/NHS 24

**STAGE 2**

Complete accident/post falls report form to determine causes/circumstances of fall

Compile falls action plan from the above findings to reduce the risk of a similar fall occurring again

Review multifactorial falls risk screen/falls care plan and update as required

Complete individual falls record and/or care home falls record

Complete incident reports as required by organisation

Communicate to all relevant staff that individual has fallen and has an increased chance of falling again

Discuss with individual and their family the circumstances of falls, the consequences and falls action plan to reduce further risk, including any referral on for further assessment/intervention

Ensure ongoing monitoring of individual as some injuries may not be apparent at the time of fall. Observe individuals who are taking anticoagulants or antiplatelets carefully because they have an increased risk of bleeding and intracranial haemorrhage.

Adapted from tool developed by Carolyn Wilson, NHS Tayside