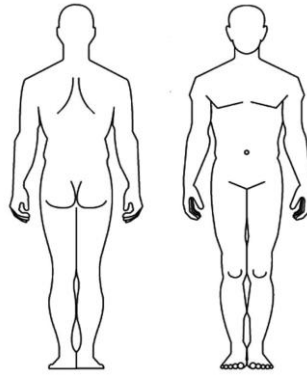


Inpatient Post-Fall Proforma: to be completed by Medical Staff/Advanced Practitioner after an inpatient fall

Write or attach label	
HCR No:
CHI No:
Surname:
Forename: Sex:
Address:
.....
Date of Birth:

Date and time of fall:			Location (ward and hospital):			
Witnessed <input type="checkbox"/> Unwitnessed <input type="checkbox"/> (NB: have a high index of suspicion for head injury following an unwitnessed fall in a patient with confusion/cognitive impairment)						
Description of fall - Preceding symptoms? Environmental factors? Who witnessed? Loss of consciousness?				<u>Past medical history</u>		
Initial observations NEWS2 = ____						
BP	HR	BM	SpO ₂	RR	Temp	GCS: __/15 E: __/4 M: __/6 V: __/5
Examination findings						
Airway (including C-spine)						
Breathing						
Circulation						
Disability (including GCS and pupils)						
Exposure- (Long bone deformity/tenderness/reduced range of movement?)						
Neurological examination			RUL	LUL	RLL	LLL
Tone						
Power			___/5	___/5	___/5	___/5
Sensation						
Co-ordination						
Abbreviated Mental Test 4 (AMT4) ___/4 (✓ and add 1 point for each correct answer)			Age <input type="checkbox"/>	DOB <input type="checkbox"/>	Place <input type="checkbox"/>	Year <input type="checkbox"/>
New amnesia <input type="checkbox"/>			Known cognitive impairment <input type="checkbox"/>		No cognitive impairment <input type="checkbox"/>	
Change from baseline AMT/cognition? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes → low threshold for CT head						



Documentation of injury

Red flags for head injury (immediate CT head - NICE 232 Head Injury Guidelines)

GCS <13 on initial assessment or GCS <15 at 2 hours post-injury	Yes	No
Suspected open or depressed skull fracture	Yes	No
Signs of basal skull fracture - haemotympanum , panda eyes, CSF rhinorrhoea/otorrhoea, Battle's sign	Yes	No
Post-traumatic seizure	Yes	No
(New) Focal neurological deficit	Yes	No
2 episodes of vomiting since head injury	Yes	No
Coagulopathy (including platelets <50) or any anticoagulant NB: not Dalteparin 5000 units	Yes	No
↳ If yes - name and dose _____ ↳ Consider discussion with Haematology on call if platelets <50		

Impression: *cause of fall (environmental/postural hypotension/drugs etc.)? and Injuries sustained* (the term mechanical fall should not be used)

Plan

*Neuro obs? (signs of head injury/altered neurological examination)	Yes	No
X-rays requested? If yes, which? _____	Yes	No
CT head requested? (if signs of head injury → discuss with senior)	Yes	No
Review Analgesia	Yes	No
Review medications (sedatives, opiates, night sedation)	Yes	No
Investigate cause:		
↳ Change in AMT/suspected delirium → look for cause		
↳ Dizziness/palpitations/syncope → ECG, lying and standing BP		

Other -

Signature		Date/ time	
Print name		Page number and grade	

***Half hourly for 2 hours, 1 hourly for 4 hours, 2 hourly until no longer clinically required**
(Medical staff/Advanced Practitioner decision) NICE 232