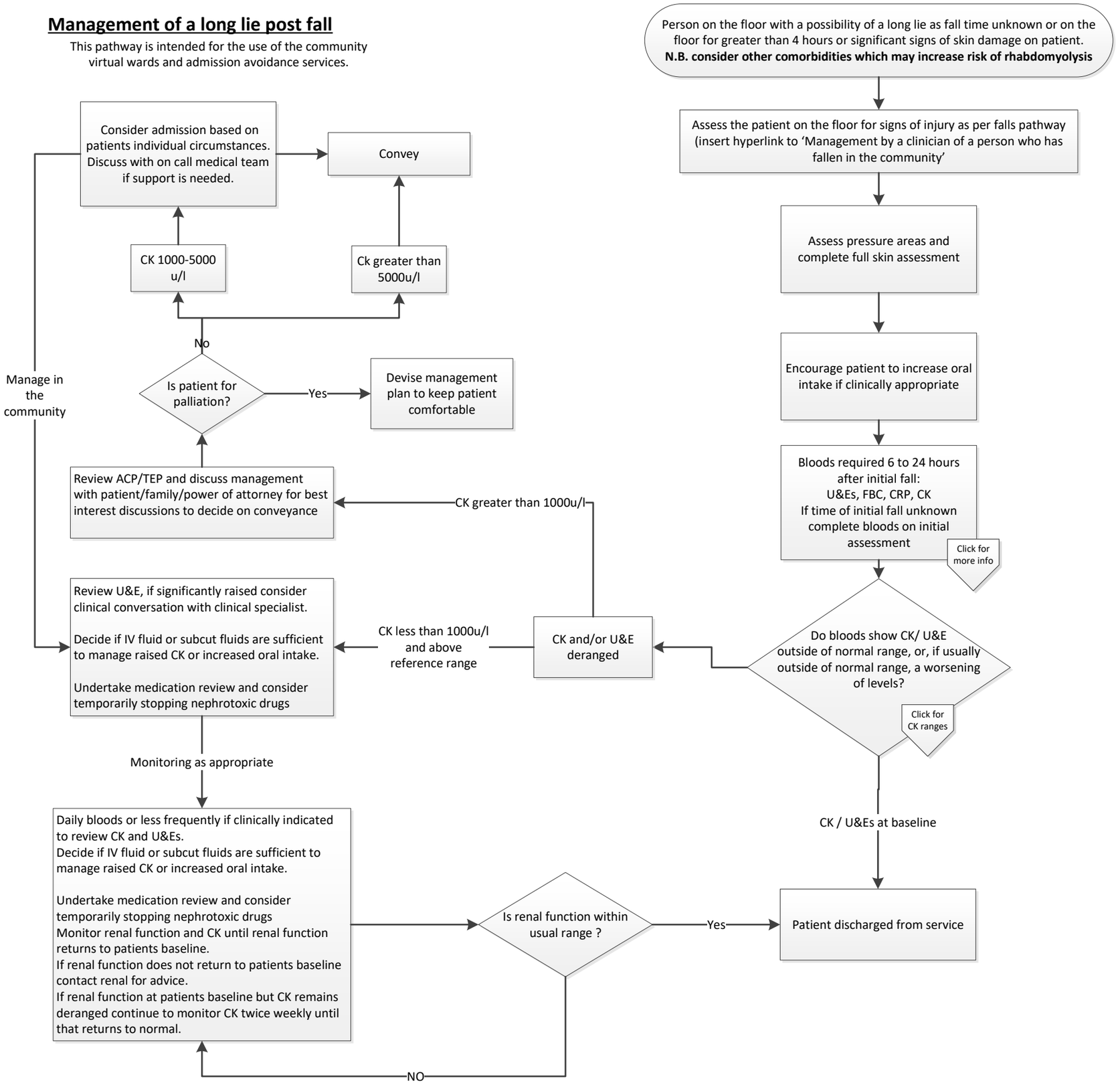
Management of a long lie post fall

This pathway is intended for the use of the community virtual wards and admission avoidance services.



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CK normal ranges

CK ranges:
Female 25-200 U/L
Male 40-320 U/L
With levels >1000 U/L being concerning for rhabdomyolysis (N.B. the lab phones results >500 U/L through.) Consider patient circumstances if lab calls through.

Renal function:
Urea: 2.5-6.7mmol/L
Sodium: 136-144 mmol/L
Potassium: 3.5-5.3 mmol/L
Creatinine 50.0-98.0 umol/L
eGFR: above 90ml/min

Review against recent trend of renal function

Bloods Required 6-24 hours post initial fall

When a person falls and remains on the floor CK takes 6 hours to rise. Therefore, if bloods are taken before 6 hours it is unlikely these will evidence raised CK.

CK continues to rise 6 hours after the initial fall and peaks at 24 hours therefore, a sample taken 6 hours post fall must be repeated the following day.

Therefore clinical reasoning is to be used to determine when the CK should be complete. If the visiting clinician is unsure then this should be escalated to the teams senior decision maker and the reasoning clearly documented.

If the time of the fall is unknown it is advised to complete bloods on initial visit to manage risk.