

**Overview**

This pathway provides an overview of the steps which should be taken to safely manage a Fall in a Care Home. The pathway should be used in conjunction with the 'Management of Person who has Fallen in Care Home Pathway Checklist' or 'ISTUMBLE' app.

As per the pathway, an assessment should be carried out after every fall using the 'Post Falls Assessment Tool'. Red and Amber flags indicate key actions which must take place

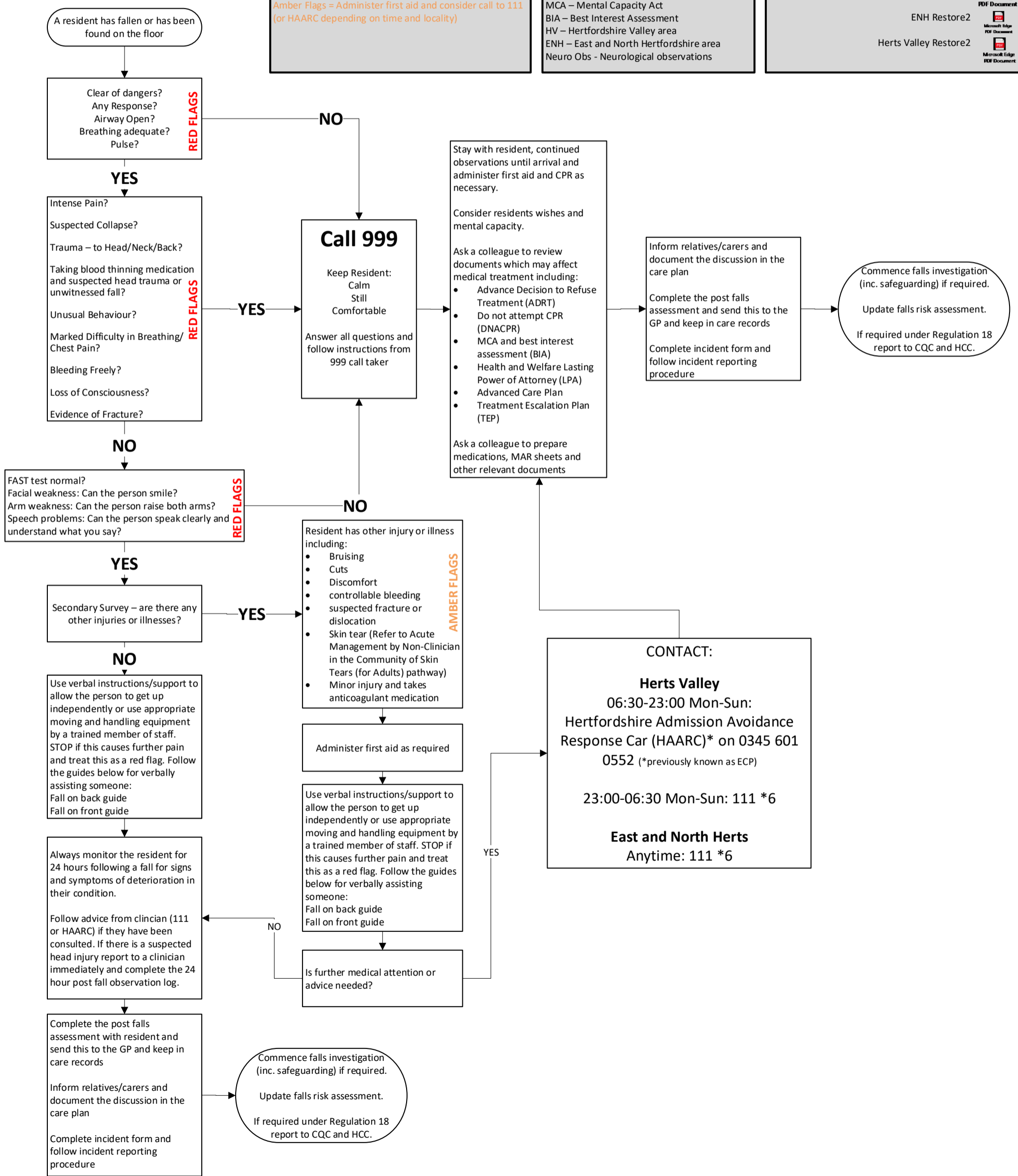
**Red Flags = Immediate call to 999 and administer first aid**  
**Amber Flags = Administer first aid and consider call to 111 (or HAARC depending on time and locality)**

**Glossary**

HCC – Hertfordshire County Council  
 CQC – Care Quality Commission  
 MAR sheet - Medical Administration Record sheet  
 ADRT - Advance Decision to Refuse Treatment  
 DNACPR - Do not attempt CPR  
 LPA - Lasting Power of Attorney  
 ACP - Advanced Care Plan  
 HAARC – Hertfordshire Admission Avoidance Response Car  
 AP – Advanced Paramedic  
 MCA – Mental Capacity Act  
 BIA – Best Interest Assessment  
 HV – Hertfordshire Valley area  
 ENH – East and North Hertfordshire area  
 Neuro Obs - Neurological observations

**Supporting Documents**

- Post Falls Assessment Tool (including 24 hour observation log)
- Management of Person who has Fallen in Care Home Pathway Checklist
- Verbally Assisting when a person has fallen on their front
- Verbally Assisting when a person has fallen on their back
- ENH Restore2
- Herts Valley Restore2



# Management of Person who has Fallen in Care Home Pathway

## Checklist

Note: If the person has dementia or another issue which effects their understanding or communication where possible assess for injuries/signs of pain and compare to what is normal for them. When there is uncertainty manage as if the red/amber flag is present.

PRIMARY SURVEY - IF NO TO ANY QUESTION CALL 999 IMMEDIATELY		YES	NO
D	Is the environmental clear of danger to you and the resident?		Call 999
R	Is the resident responsive?		Call 999
A	Is their airway open and clear?		Call 999
B	Are there signs of normal breathing?		Call 999
FAST - IF NO TO ANY QUESTION CALL 999 IMMEDIATELY		YES	NO
F	<b>Facial weakness:</b> Can the person smile?		Call 999
A	<b>Arm weakness:</b> Can the person raise both arms?		Call 999
S	<b>Speech problems:</b> Can the person speak clearly and understand what you say?		Call 999
ISTUMBLE - IF YES TO ANY QUESTION CALL 999 IMMEDIATELY		YES	NO
I	<b>Intense Pain</b> • New pain since fall, including: • Headache, chest pain and abdominal pain • Consider both pain from injury caused by fall or medical causes	Call 999	
S	<b>Suspected Collapse</b> - Ask resident if this was a trip or collapse (do they remember falling) Any dizziness, sudden nausea or pain before the fall. Includes "near fainting" episodes	Call 999	
T	<b>Trauma to Neck/Back/Head/Face</b> • New pain in neck/back/head following fall • New injury on head with/without bleeding • Any new numbness/paralysis in any limbs	Call 999	
U	<b>Unusual Behaviour</b> • New or increased confusion • Acting differently to normal self e.g. agitated, drowsy, quiet • New or increased difficulty speaking e.g. slurred speech, words mixed up, marked stuttering	Call 999	
M	<b>Marked Difficulty in Breathing/Chest Pain</b> • Severe shortness of breath, not improved when anxiety is reduced • Unable to complete sentences • Blue/pale lips, blue fingertips, becoming lethargic or confused	Call 999	
B	<b>Bleeding Freely</b> - uncontrollable • Free flowing, pumping or squirting blood from wound • Apply constant direct pressure to injury with clean dressing (elevate if possible) • Try to estimate blood loss (per mugful)	Call 999	
L	<b>Loss of Consciousness</b> Indicators could include: • Drifting in and out of consciousness • Limited memory of events before, during or after fall • Unable to retain or recall information/repeating themselves	Call 999	
E	<b>Evidence of Fracture</b> • Obvious deformity e.g. shortened/rotated, bone visible, severe swelling • Reduced range of movement in affected area • Unusual movement around affected area	Call 999	
Taking anticoagulant medication with an unwitnessed fall or suspected trauma to head		YES	NO
Including Warfarin, Apixaban, Rivaroxaban, Dabigatran, Epixaban, Enoxaparin and Dalteparin		Call UCR for Triage	
SECONDARY SURVEY - if medical attention/advice needed call <b>111</b> or <b>POA</b> - Prevention of Admission Service- Details <a href="#">here</a>		YES	NO
Resident has a skin tear (Refer to Acute Management by Non-Clinician in the Community of Skin Tears (for Adults) pathway)		111/POA	
Resident has suspected fracture or dislocation		111/POA	
Resident has minor injury and takes anticoagulant medication		111/POA	
Resident has other injury or illness. E.g. bruising, cuts, discomfort		111/POA	
Unable to support resident safely from the floor with or without lifting device		111/POA	

# Post Falls Assessment Tool

Scan and send to resident's GP when complete and keep in care records

(Part of the Management of Person who has Fallen in Care Home Pathway)

Name of resident			
Place of residence			
Precise Location of fall			
Date and time of fall			
Name and signature of person assessing		Time and date of assessment	
			Tick and sign
<b>Level of consciousness (compared to baseline)</b>	Responsive as normal		
	Less responsive than usual		
	Unresponsive or unconscious (call 999)		
<b>Pain or discomfort</b>	No evidence of pain or discomfort		
	Showing signs of pain or complaining of pain		
<b>Where is the pain?</b>			
<b>Injury or wounds</b>	No evidence of injury, bleeding or wounds		
	Evidence of swelling, bruising, bleeding or deformity/shortening/rotation of limb		
<b>Where is the injury or wound/s?</b>			
<b>Movement and mobility</b>	Able to move all limbs as normal for the resident		
	Able to move limbs but has pain on movement		
	Unable to move limbs as normal for the resident or there is a major change in mobility		
<b>Restore2 assessment score: (follow RESTORE2 escalation pathway)</b>			
<a href="#">East and North Herts Restore2</a>		<a href="#">Herts Valley Restore2</a>	
<b>Has there been a pattern of falls or a fall in the past 12 months? (if yes refer to multifactorial risk assessment and GP for falls assessment)</b>			
<b>Cause of fall (if known)</b>			
<b>Internal factors:</b> (e.g. medication, poor balance, vision, hearing other health related issues)			
<b>External factors:</b> (e.g. footwear, mobility aid, obstacles, lighting etc.)			
<b>Outcome of Fall</b>			
Outcomes	Comments	Tick and sign	
Relatives/carers informed			
Post falls assessment completed and sent to GP			
Incident form completed			
Falls investigation (inc. safeguarding) commenced if required			
Falls risk assessment updated			
Reported under Regulation 18 to CQC and HCC if required			
Suspected head injury - 24 hour observations commenced			
Amber Flag - First aid treatment given			
Amber Flag - 111 or HAARC contacted			
Red Flag - First aid and/or CPR given and 999 called			

# Severity of Fall Grading Scale

(Part of the Management of Person who has Fallen in Care Home Pathway)

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Please note: The level of harm is indicated by the Classification Code  
The addition of a 'U' after the Classification Code means that the fall was Unwitnessed

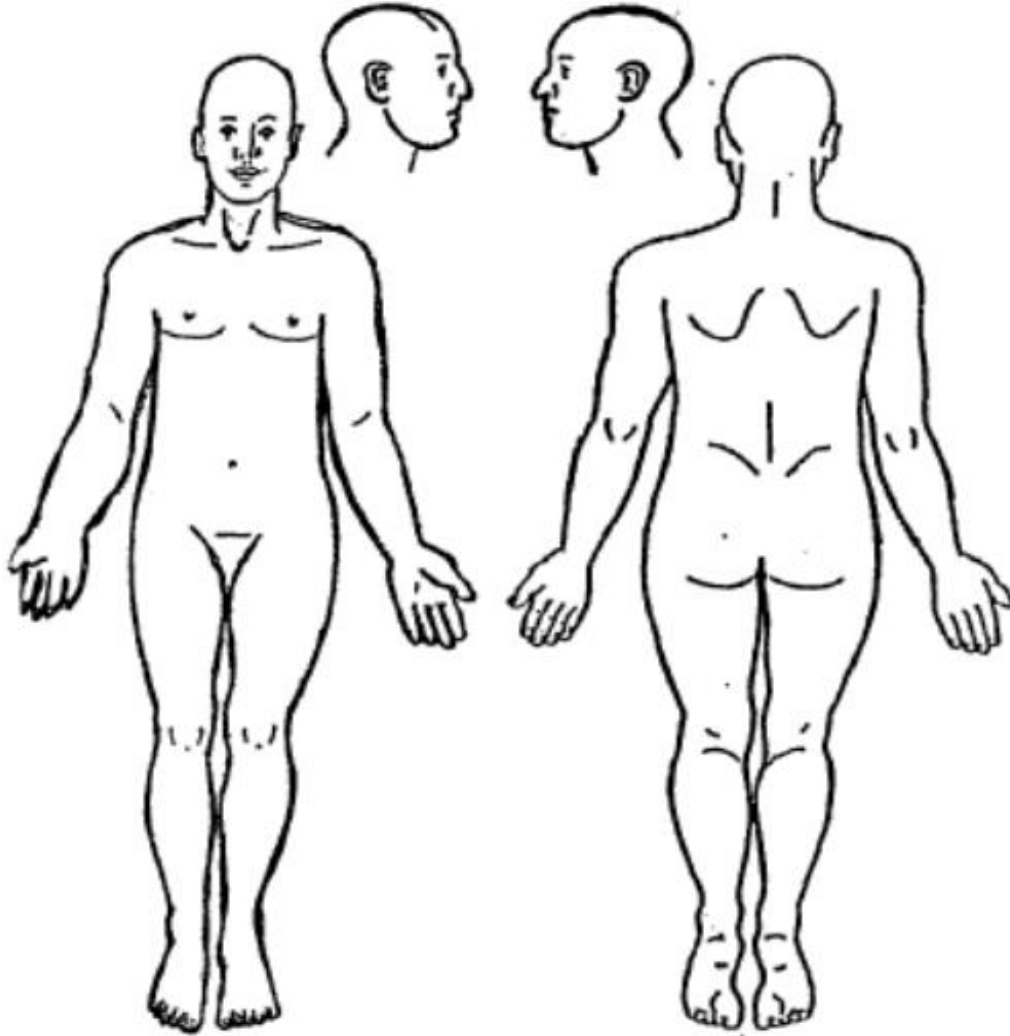
Classification of Fall	Witnessed (tick)	Unwitnessed (tick)
<p><b>A. NO HARM –</b> A safety incident that had the potential to cause harm but was prevented, resulting in no harm to the individual OR A safety incident that occurred but where no harm was caused. This includes individuals whose neurological observations were monitored and recorded, but who sustained no injury</p>	A	AU
<p><b>B. LOW HARM –</b> A safety incident that required extra observation or minor treatment and caused minimal harm (minor treatment includes first aid, additional therapy or additional medication)</p>	B	BU
<p><b>C. MODERATE HARM –</b> A safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm (for example a return to surgery, an unplanned re-admission, a prolonged episode of care, extra time in hospital or as an outpatient, cancelling of treatment or transfer to another area such as intensive care because of the incident). Moderate harm also means prolonged pain or prolonged psychological harm which the service user is likely to experience for a continuous period of at least 28 days</p>	C	CU
<p><b>D. SEVERE HARM –</b> A safety incident that appears to have resulted in permanent harm to one or more individuals receiving care, where the permanent harm directly relates to the incident and not the natural course of the individual's illness or underlying condition. Permanent harm refers to a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions. This includes falls resulting in fractured neck of femur (hip) fracture</p>	D	DU
<p><b>E. DEATH –</b> Any safety incident that directly results in the death of one or more people receiving care. The death must relate to the incident rather than to the natural course of the individual's illness or underlying condition</p>	E	EU

# Body Map - Assessment of Injury

Scan and send to resident's GP when complete and keep in care records

(Part of the Management of Person who has Fallen in Care Home Pathway)

Name of resident			
Place of residence			
Precise Location of fall			
Date and time of fall			
Name and signature of person assessing		Time and date of assessment	



Marks or bruising on resident's body (describe, mark on map above with date observed)

Residents description of any pain/s or non-verbal signs of residents pain with date

Day number following fall, Date & Time	Action Taken and Date	Signature

