

Falls

Start

- 1. Establish team leader and call for HELP.**
- 2. Check pulse and vital signs.**
 - If pulseless, initiate Advanced Cardiovascular Life Support.
- 3. Immobilize cervical spine if concern for neck injury.**
- 4. Perform focused physical exam.**
 - Pupillary exam
 - Cardiovascular exam
 - Full neurological exam
 - Full exam for trauma/pain/bony injury/deformity and range of motion at each joint
 - Chest exam for rib fractures
- 5. Perform focused history.**
 - AMPLE: allergies, medications, past medical history, last meal, recent events
 - Consider sending senior member for electronic chart review.
 - Was the fall witnessed? (If not, assume head trauma present.)
 - Was there loss of consciousness?
 - Can the patient mobilize?
- 6. Perform diagnostic tests.**
 - Chest radiograph for chest trauma
 - Computed tomography (CT) of head if needed (**see box**)
 - CT of cervical spine, if needed (consult Canadian cervical spine rule)
 - Consider bedside ultrasound for free fluid if abdominal trauma sustained



Head CT required if head trauma and any of following:

- 1. Glasgow Coma Scale score <15 2 hours after injury or <13 at any time**
- 2. Suspected skull fracture**
- 3. Any sign of basilar skull fracture (hemotympanum, raccoon eyes, Battle sign, cerebrospinal fluid otorrhea/rhinorrhea)**
- 4. Vomiting >2 times**
- 5. Age 65 or greater**
- 6. Amnesia ≥30 minutes**
- 7. Dangerous mechanism (fall from elevation)**
- 8. Warfarin or any other anticoagulant/antiplatelet, or bleeding diathesis**



Future Fall Prevention

- **Review medications (Opiates? Benzodiazepines? Anticholinergics?)**
- **Recommend high-risk fall bracelet**
- **Review telemetry**
- **Remove unnecessary lines and tubes**
- **Order physical/occupational therapy**
- **Consider one to one**