

Patient Details

Name:

Hospital No:

DOB:

Named consultant:

POST-FALLS MEDICAL ASSESSMENT

Date: Time:

History *(Description of fall, relevant past medical history)*

Observations:

**RED FLAGS** *(tick box if present )*

In patients with a head injury consider:

1. **CT head within 1 hour if:**
* GCS < 13 on initial assessment
* GCS < 15 2 hours post injury
* Suspected skull fracture
* Post-traumatic seizure
* Focal neurological deficit
* > 1 episode vomiting since head injury
* Known coagulopathy (history of bleeding)or any anticoagulant (treatment or prophylaxis) AND loss of consciousness (LOC) or post-traumatic amnesia (PTA)
1. **CT head within 8 hours of injury if:**
* Age 65+ years AND LOC or amnesia
* Age <65 years AND LOC or amnesia AND either a dangerous mechanism of injury OR amnesia >30 mins prior to head injury

**Consider C-spine and/or pelvic X-ray within 2 hours if:**

* Suspected C-spine injury (neck pain or tenderness, limited ROM)
* Suspected hip fracture (pain or tenderness, limited straight leg raise, leg shortened or rotated)
* **Please tick here if red flags considered but none present**

N.B. Some patients may not fit the above guidelines but still require imaging. Escalate if concerned.

Airway and/ or C-spine concerns? Yes / No

Respiratory compromise? Yes / No

Cardiovascular compromise? Yes / No

Current GCS: Baseline GCS:

Pupils:

Blood glucose:

Signs of head injury and/or focal neurology?

**(Pre- existing confusion does not exclude new pathology and a low threshsold for CT scan is advised)**

Other examination findings:

Drug chart reviewed? Yes / No

Warfarin / new oral anticoagulant / treatment dose dalteparin? Yes / No

Sedatives? Yes / No

Other concerns:

OVERALL IMPRESSION:

IMMEDIATE ACTION: CT Head? Yes / No

X-ray(s)? Yes / No

 Escalation? Yes / No

**Neurological observations**

Actual or suspected head injury, or other indication for neuro obs? Yes / No

If yes, then complete neuro obs ½ hourly for 2 hours, then 1 hourly for 4 hours, then 2 hourly for 6 hours until medical review.

Assessment completed by (*Name and grade*): Bleep no: