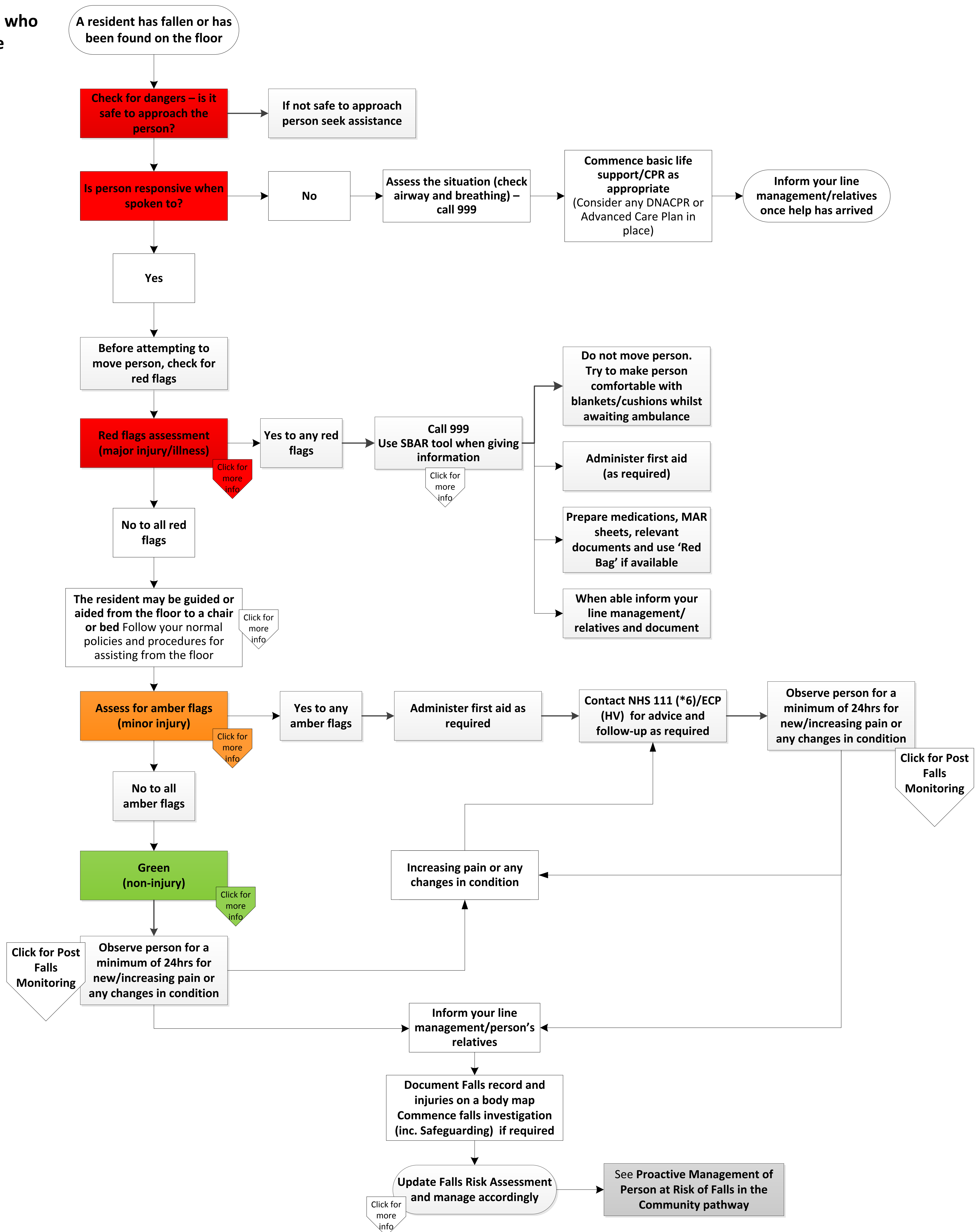
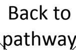
Management of Person who has Fallen in Care Home





Call 999

Use SBAR (Situation, Background, Assessment & Recommendations) tool when giving information – use care home checklist

Follow instructions from 999 call taker

- Wait with resident until ambulance arrives
- Call 999 again if condition changes

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Care Home Falls Checklist

		Yes	No
1	Has the individual fallen more than 1 metre of over 5 stairs?		
2	Is the individual showing any signs of a Stroke – facial droop or limb weakness?		
3	Is there any evidence of intoxication?		
4	Is the individual not acting their normal self?		
5	Has the individual lost consciousness, or not been fully alert throughout the incident?		
6	Is the individual dizzy or sweaty?		
7	Has the individual suffered any amnesia or confusion post or prior to the event – that is not normal for them?		
8	Has the individual vomited since the fall?		
9	Has the individual's colour changed in their face, limbs or centrally?		
10	The individual has loss of circulation or nerve function to limbs		
11	Has the individual got any evidence of swelling, deformity or body tenderness?		
12	Is there any history of blunt or penetrating trauma to the chest or abdomen?		
13	Is there any break in the continuity of the skin – excluding minor abrasions?		
14	Evidence of severe bleeding		

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Red flags assessment (major injury/illness)

Do not move*, call 999 and perform first aid (as indicated):

Life threatening:
- Airway/breathing problems
- Signs of a stroke (FAST positive – Facial droop, arm/leg new weakness, slurred speech)
- New or unusual chest pain
- Severe or/and uncontrollable bleeding
- The person is very warm, or cold, or clammy to touch
- Major chest or abdominal injury

Head injury/blackout:
- Loss of consciousness (blacked out)
- Reduced levels of consciousness (e.g. not alert or changing; person appears drowsy)
- New dizziness or vomiting
- Head injury and at least one of the following: confusion, memory loss, blurred vision, vomiting, loss of consciousness, dizziness, or person is on anticoagulant/blood thinning medication e.g. warfarin.

Injuries:
- New neck or/and back pain
- Pain on moving limbs
- New limb deformity (including if one leg appears shorter than the other or leg looks rotated)
- New extensive swelling to a limb or joint
- New extensive bruising
- New immobility (cannot move arms or legs normally) or unable to weight bear
- New numbness to a limb/ altered sensation
- Limb appears pale or feels cold
- Significant torn skin/ skin flap

- Fall from a height above 1 metre or more than 5 stairs
- Person is acting abnormally compared to their usual behaviour
- Person has signs of being under the influence of drugs or alcohol (this could mask more serious symptoms and injuries)

If trained carry out physical observations (e.g. blood pressure, pulse rate, etc.) and neurological observations (e.g. pupils equal and reacting) – if abnormal escalate as per local protocol

**Moving a person should be avoided due to the risk of worsening of injury. However in some cases, where not moving a person would cause more harm (e.g. in contact with hot pipes/radiator risking burns, vomiting and risk of choking) the person should be moved the minimum amount necessary in the safest and least disruptive way to move them out of danger. Carers should not put themselves at risk of danger.*

USE CARE HOME CHECKLIST IF TRAINED

Care Home Falls Checklist (Please see 'Why am I asking these questions' page)
Please note: If fall was unwitnessed, assess environment for potential hazards and do rule out fall from height or head injury

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Assess for amber flags (minor injury)

Once red flags have been ruled out, and the service user is off the floor and made comfortable, assess for minor injury.

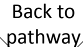
- Minor bruising
- Minor cuts
- Minor discomfort

Call 111 for advice if:

- The person hit their head but have no other associated symptoms (Note: Head injury and associated symptoms is a red flag)
- Person was on floor for a long/unknown time*
- The fall was unwitnessed* and you cannot get a reliable account of the fall (Note if the person lost consciousness this is a red flag)
- Signs of skin breakdown/ pressure points on skin
- Any other concerns from care home staff

***Long lie and unwitnessed falls:**
If a person is on the floor for a long time, it increases the risk of: Skin breakdown and pressure sores; Dehydration; Incontinence; Hypothermia (low body temperature); Psychological issues (including distress and fear).

Use judgement and knowledge of the service user when discovering an unwitnessed fall. For example, if a fall is discovered on the first visit of the day, there is clearly a risk that the service user has been on the floor all night. Even if the service user appears uninjured, in this situation, additional advice from NHS 111 should be sought. It is important to mention that the fall was unwitnessed and estimated time the service user was on the floor (if known) when explaining the purpose of the call.



Green (no injury)

- Conscious and responding as usual
- No apparent injury
- No head injury
- No complaints of pain/ discomfort (verbally and non-verbally)
- Mobility unaffected – able to move limbs on command or spontaneously
- No signs of bruising/wounds
- No signs of limb deformity/ shortening/ rotation

Post Falls Monitoring

Things to monitor post falls:

- Mobility
- Acting normal self
- Any pain
- Acute vomiting
- Acute confusion
- Acute memory loss
- Wellbeing
- Confidence

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Update Falls Risk Assessment and manage accordingly

Consult line management
Inform GP
Datix if within scope of your role
Update care home or agency records
Follow organisations post falls protocol or see example protocol for guidance (https://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/background-docs/4-Hampshire%20falls%20protocol.pdf)

See Falls Management pathway – may need referral to falls clinic/ intermediate care team/ postural stability/ Admission avoidance team

Consider the reason for the fall e.g. dehydration or trip hazard, and put a plan in place to mitigate these risks

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The resident may be guided or aided from the floor to a chair or bed

Use your judgement and knowledge of the service user to assess if the person could get up from the floor.

If a person is on the floor for a long time, it increases the risk of:

- Skin breakdown and pressure sores
- Dehydration
- Incontinence
- Hypothermia (low body temperature. Note: if the person feels cold to touch this is a red flag)
- Psychological issues (including distress and fear)

If a person does not have any red flags (see: Red flags assessment), identify if there are any reasons if the person cannot be moved from the floor and where possible, help the person off the floor by either verbally guiding or assisting the person (via usual processes).

When you attempt to move the person, if they are in pain or have difficulty in mobilising (compared to usual) - STOP and call 999.

Once off the floor, ensure the person is comfortable, for example: give the person a blanket, offer them a drink (if they can swallow normally), ensure they are in dry and clean clothes.