Proforma for medical examination after an inpatient fall

Patient name:		MRN/ NHS number:				
Date of fall:		Time of fall:				
Medical examination conducted by:		Date and time of exan	nination:			
Brief description of incident:				<u>L</u>		
Patient transfer method:	 □ Spinal board □ Flat lifting equipment □ Standard hoist (without flat lifting capability) □ Assisted to get up with help by staff □ Got up independently □ Method not documented □ Still on the floor 					
Patient location at assessment:	☐ Floor ☐ Bed ☐ Chair ☐ Other:					
Fall witnessed?	☐ Yes ☐ No					
Observations:						
Heart rate		Oxygen saturations				
Respiratory rate		Blood pressure				
Temperature	Blood glucose					
NEWS2 score						
Baseline GCS	Eyes: ☐ Spontaneous (4) ☐ To speech (3) ☐ To pain (2) ☐ None (1)	Verbal: ☐ Oriented (5) ☐ Confused (4) ☐ Inappropriate words (3) ☐ Incomprehensible sounds (2) ☐ None (1)		Motor: Obeys commands (6) Localises pain (5) Withdraws from pain (4) Flexion to pain (3) Extension to pain (2) None (1)		
Primary Survey			IMMEDIA	TE ACTIONS:		
Airway □ Patent □ Obs	structed					
C-spine concerns? ☐ Yes ☐ No						
Breathing compromise? \square Yes \square No						
Cardiovascular compromise \square Yes \square No						
Disability:						
Exposure:		Escalation?	P □ Yes □ No			
Other findings/ concerns:		Escalated to				

Secondary Survey

Medical examination			Date and time of examination:		
conducted by:					
	Reported head injury Yes No			CT head indicated? ☐ Yes ☐ No	
Head	Visible signs of he	ead injury 🗆 Yes 🗆 No		□ fes □ NO	
Tieau	Additional findings:			Neuro obs indicated ☐ Yes ☐ No	
	Suspected C-spine injury ☐ Yes ☐ No			CT C-spine indicated?	
C-spine	If yes, immobilised? ☐ Yes ☐ No Additional findings:			☐ Yes ☐ No	
Thoracic/lumbar	Suspected thoracic/lumbar fracture ☐ Yes ☐ No			Imaging indicated?	
	Abnormal neurology ☐ Yes ☐ No			☐ No ☐ X-ray ☐ CT	
spine:	If yes, immobilised? ☐ Yes ☐ No				
	Additional findings:				
	Suspected fracture:			CT indicated?	
	□ No chest injury suspected			☐ Yes ☐ No	
Chest:	 □ Rib fracture □ Clavicle fracture □ Sternum fracture □ Scapula fracture 				
	Additional findings:				
	Internal organ injury suspected? ☐ Yes ☐ No Signs present (bruising, tenderness, urinary retention,				
Abdomen	abnormal bowel sounds)? ☐ Yes ☐ No				
Abdomen	Additional findings:				
	Suspected hip/pelvic fracture? ☐ Yes ☐ No			Imaging indicated?	
	Findings			□ No □ X-ray hip	
Hip/pelvis	Findings:			☐ X-ray pelvis ☐ CT hip	
				☐ CT pelvis	
				☐ Trauma CT	
	Right upper limb injury? ☐ Yes ☐ No			Xray indicated?	
Extremities – bones/joints/skin	Left upper limb injury? ☐ Yes ☐ No			☐ Yes ☐ No	
all 4 limbs	_	injury? 🗆 Yes 🗆 No	If yes specify		
	Left lower limb injury? ☐ Yes ☐ No				
Pain score reviewed		☐ Yes ☐ No			
Analgesia reviewed		☐ Yes ☐ No			
		Time of administration of analgesia:			
Anticoagulation/antiplatelets reviewed		☐ Yes ☐ No			
Delirium screen completed. (e.g. 4AT)		Outcome:			
(c.g. 4Al)		Is delirium suspected ☐ Yes ☐ No			
		Triggers identified:			

Summary

Cause of fall:				
Injuries sustained:				
Any handover arrangements/outstanding assessments:				
Incident reported as per local policies?	☐ Yes ☐ *No			
	*If not reported, ask appropriate personnel to report event			
Is duty of candour required?	□ *Yes □ No			
	*If yes, indicate responsible person:			