Post-fall medication examination

Implementation toolkit

Post-fall management models

All organisations will need to develop their own approach to post-fall medical examinations dependent on the local context. This will include the professional backgrounds and skill-mix of healthcare professional who undertake post-fall medical examinations, the availability of specialist trauma expertise and the acuity of the setting.

See the supporting best and safe practice document for more detail on considerations for implementation of safe and high quality post fall management.

Implementation guide

Scoping the training requirements

The table below can be used to identify the competencies and training required and identify any gaps in current provision. Use this table to plan how training gaps might be filled. Add information about the staff groups to the column on competencies to reflect the different needs depending on profession and role.

| **Skill** | **Competencies** | | **Training** | | **What is required to adopt the chosen model (gap analysis)?** |
| --- | --- | --- | --- | --- | --- |
|  | **Professional competencies already achieved:**  Consider who needs to perform this role? | **New competencies needed for this skill** | **Covered in existing mandatory training programmes**: Check all who may perform the role access this training | **Not covered in existing training programmes:**  Note which programmes could be used | If no structure for competency development or an appropriate training programme is not available for this skill, consider how this might be addressed to ensure capacity to perform a full examination. |
| **Handover (ward staff)** | | | | |  |
| Effective SBAR |  |  |  |  |  |
| NEWS2 measurement and interpretation |  |  |  |  |  |
| **Primary survey (HCP who performs the medical examination)** | | | | |  |
| Basic life support: ABCDE, CPR, defibrillator, and recovery position |  |  |  |  |  |
| Initial C-spine immobilisation and airway management |  |  |  |  |  |
| Auscultation |  |  |  |  |  |
| Cannulation |  |  |  |  |  |
| Glasgow coma scale |  |  |  |  |  |
| Pupil examination |  |  |  |  |  |
| Screening of limb movements |  |  |  |  |  |
| Exposure survey |  |  |  |  |  |
| ECG interpretation |  |  |  |  |  |
| ABG / VBG collection and interpretation |  |  |  |  |  |
| **Secondary survey** | | | | |  |
| History taking |  |  |  |  |  |
| Ordering imaging investigations (including IRMER if needed) |  |  |  |  |  |
| Neurological examination |  |  |  |  |  |
| Observation and examination of the head |  |  |  |  |  |
| Observation and examination of the spine |  |  |  |  |  |
| Observation and examination of the pelvis and hips |  |  |  |  |  |
| Observation and examination of the ribs, sternum and clavicles. |  |  |  |  |  |
| Observation and examination of upper and lower limbs. |  |  |  |  |  |
| Abdominal examination |  |  |  |  |  |
| Screening and assessment of delirium |  |  |  |  |  |
| **Analgesia prescribing** | | | | |  |
| Evidence-based prescribing with considerations for specific injuries |  |  |  |  |  |
| Monitoring of patients after fascio-iliaca block |  |  |  |  |  |
| Use of tools to assess pain in people with cognitive impairment |  |  |  |  |  |
| **Anticoagulation prescribing** | | | | |  |
| Evidence-based decision making regarding anticoagulation |  |  |  |  |  |
| **General considerations** | | | | |  |
| Understanding when to seek support from senior decision makers |  |  |  |  |  |
| Patient-centred shared decision making |  |  |  |  |  |
| Handover and documentation of findings further actions |  |  |  |  |  |
| Trust procedure for reporting fall incidents |  |  |  |  |  |
| Trust procedure for post fall debriefs |  |  |  |  |  |
| Duty of candour actions |  |  |  |  |  |
| **Moving and handling** | | | | |  |
| Spinal immobilisation with collar, blocks and scoop board |  |  |  |  |  |
| Use of flat lifting equipment |  |  |  |  |  |
| **Reviewing fall risk factors** | | | | |  |
| Multi-factorial assessment for optimising safe activity (MASA) |  |  |  |  |  |

Training resources

After conducting the gap analysis for training requirements, scope the ways in which your organisation could deliver training and achieve the additional competencies required for the staff groups expected to undertake these assessments. Much of this training will already exist as mandatory clinical training and some is available through education providers (such as E-Learning for Health). Other training may need to be designed for your organisation.

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|  | |
| **Skill** | **Suggested methods of delivery** |
| SBAR | e-LfH  Consider bespoke training |
| NEWS2 measurement and interpretation | e-LfH |
| ABCDE assessment | Basic and advanced life support (B/ALS)  Medical training  Advanced assessment training |
| Basic life support: CPR, defibrillator and recovery position. | Mandatory trust training |
| Initial C-spine immobilisation and airway management | Advanced life support training |
| Auscultation | HCP training  Advanced assessment training |
| Cannulation | Cannulation training |
| Glasgow coma scale | Glasgow coma scale in e-LfH |
| Pupil examination | Medical training / advanced assessment training  Consider bespoke training |
| Screening of limb movements | Medical training / advanced assessment training  Consider bespoke training |
| ECG interpretation | Medical training / advanced assessment training |
| ABG / VBG collection and interpretation |  |
|  |  |
| History taking | HCP training  Advanced assessment training |
| Ordering imaging investigations (including IRMER if needed) | Medical training / advanced assessment training  IRMER – e-lfH |
| Neurological examination | Medical training / advanced assessment training  Glasgow coma scale in e-LfH  Consider bespoke training |
| Observation and examination of the head | Medical training / advanced assessment training  Consider bespoke training |
| Observation and examination of the spine | Medical training / advanced assessment training  Consider bespoke training |
| Observation and examination of the pelvis and hips | Medical training / advanced assessment training  Consider bespoke training |
| **Skill** | **Suggested methods of delivery** |
| Observation and examination of the ribs, sternum and clavicles. | Medical training / advanced assessment training  Consider bespoke training |
| Observation and examination of upper and lower limbs. | Medical training / advanced assessment training  Consider bespoke training |
| Abdominal examination | Medical training / advanced assessment training |
| Screening and assessment of delirium | e-LfH delirium module |
|  |  |
| Evidence-based prescribing with considerations for specific injuries | Medical training  Independent prescribing for non-medical HCPs  e-LfH e-pain modules |
| Monitoring of patients after fascio-iliaca block | Bespoke training |
| Use of tools to assess pain in people with cognitive impairment | e-LfH e-pain modules. |
|  |  |
| Evidence-based decision making regarding anticoagulation | Medical training  Independent prescribing for non-medical HCPs |
|  |  |
| Understanding when to seek support from senior decision makers | Bespoke training based on trust procedures |
| Patient-centred shared decision making | Bespoke training based on trust procedures |
| Handover and documentation of findings further actions | Bespoke training based on trust procedures |
| Trust procedure for reporting fall incidents | Bespoke training based on trust procedures |
| Trust procedure for post fall debriefs | Bespoke training based on trust procedures |
| Duty of candour actions | Bespoke training based on trust procedures |
|  |  |
| Spinal immobilisation with collar, blocks and scoop board | Moving and handling training |
| Use of flat lifting equipment | Bespoke training using local equipment |
|  |  |
| Multi-factorial assessment for optimising safe activity (MASA) | RCP resources for vision assessment, Lying/standing BP and other aspects of MASA ([resource repository](https://www.rcp.ac.uk/improving-care/resources/naif-resource-repository/)) |

Graphical user interface

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