## Proforma for medical examination after an inpatient fall

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| **Patient name:** |  | **MRN/ NHS number:**  |  |
| **Date of fall:** |  | **Time of fall:** |  |
| **Medical examination conducted by:** |  | **Date and time of examination:**  |  |
| **Brief description of incident:** |  |
| **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:

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| **Heart rate** |  | **Oxygen saturations** |  |
| **Respiratory rate**  |  | **Blood pressure**  |  |
| **Temperature**  |  | **Blood glucose**  |  |
| **NEWS2 score** |  |  |
| **GCS**Baseline GCS\_\_\_**Current 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) |

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| **IMMEDIATE ACTION:** **Escalation?** [ ]  **Yes** [ ]  **No** Escalated to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Primary Survey

**Airway** [ ]  **Patent** [ ]  **Obstructed**

**C-spine concerns?** [ ]  **Yes** [ ]  **No**

**Breathing compromise?** [ ]  **Yes** [ ]  **No**

**Cardiovascular compromise** [ ]  **Yes** [ ]  **No**

**Disability:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exposure:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other findings/ concerns:

### Secondary Survey

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| --- | --- | --- | --- |
| **Medical examination conducted by:** |  | **Date and time of examination:** |  |
| **Head**  | **Reported head injury** [ ]  **Yes** [ ]  **No** **Visible signs of head injury** [ ]  **Yes** [ ]  **No**Additional findings:  | **CT head indicated?**[ ]  **Yes** [ ]  **No** **Neuro obs indicated**[ ]  **Yes** [ ]  **No** |
| **C-spine**  | **Suspected C-spine injury** [ ]  **Yes** [ ]  **No**If yes, immobilised? [ ]  Yes [ ]  NoAdditional findings:  | **CT C-spine indicated?**[ ]  **Yes** [ ]  **No** |
| **Thoracic/lumbar spine:** | **Suspected thoracic/lumbar fracture** [ ]  **Yes** [ ]  **No** **Abnormal neurology** [ ]  **Yes** [ ]  **No**If yes, immobilised? [ ]  Yes [ ]  NoAdditional findings: | **Imaging indicated?**[ ]  **No** [ ]  **X-ray** [ ]  **CT**  |
| **Chest:** | **Suspected fracture:**[ ]  **No chest injury suspected** [ ]  **Rib fracture |** [ ]  **Clavicle fracture |** [ ]  **Sternum fracture** [ ]  **Scapula fracture** Additional findings: | **CT indicated?**[ ]  **Yes** [ ]  **No** |
| **Abdomen** | **Internal organ injury suspected? ☐ Yes ☐ No****Signs present (bruising, tenderness, urinary retention, abnormal bowel sounds)?** [ ]  **Yes** [ ]  **No**Additional findings: |  |
| **Hip/pelvis** | **Suspected hip/pelvic fracture?** [ ]  **Yes** [ ]  **No**Findings:  | **Imaging indicated?**[ ]  **No** [ ]  **X-ray hip** [ ]  **X-ray pelvis** [ ]  **CT hip**[ ]  **CT pelvis** [ ]  **Trauma CT** |
| **Extremities – bones/joints/skin all 4 limbs** | **Right upper limb injury?** [ ]  **Yes** [ ]  **No****Left upper limb injury?** [ ]  **Yes** [ ]  **No****Right lower limb injury?** [ ]  **Yes** [ ]  **No****Left lower limb injury?** [ ]  **Yes** [ ]  **No** | **Xray indicated?**[ ]  **Yes** [ ]  **No** **If yes specify** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Pain score reviewed**  | [ ]  **Yes** [ ]  **No**  |
| **Analgesia reviewed**  | [ ]  **Yes** [ ]  **No** **Time of administration of analgesia:** \_\_\_\_\_\_\_\_\_\_\_ |
| **Anticoagulation/antiplatelets reviewed**  | [ ]  **Yes** [ ]  **No** **Outcome:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Delirium screen completed. (e.g. 4AT)** | [ ]  **Yes** [ ]  **No** Is delirium suspected ☐ Yes ☐ No Triggers identified: \_\_\_\_\_\_\_\_\_\_ |

### Summary

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |