## 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  No  Additional findings: | | **CT C-spine indicated?**  **Yes**  **No** |
| **Thoracic/lumbar spine:** | **Suspected thoracic/lumbar fracture**  **Yes**  **No**  **Abnormal neurology**  **Yes**  **No**  If yes, immobilised?  Yes  No  Additional 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**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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