Start

Falls

1. Establish team leader and call for HELP.
2. Check pulse and vital signs.
   - If pulseless, initiate Advanced Cardiovascular Life Support.
3. Immobilize cervical spine if concern for neck injury.
4. Perform focused physical exam.
   - Pupillary exam
   - Cardiovascular exam
   - Full neurological exam
   - Full exam for trauma/pain/bony injury/deformity and range of motion at each joint
   - Chest exam for rib fractures
5. Perform focused history.
   - AMPLE: allergies, medications, past medical history, last meal, recent events
   - Consider sending senior member for electronic chart review.
   - Was the fall witnessed? (If not, assume head trauma present.)
   - Was there loss of consciousness?
   - Can the patient mobilize?
6. Perform diagnostic tests.
   - Chest radiograph for chest trauma
   - Computed tomography (CT) of head if needed (see box)
   - CT of cervical spine, if needed (consult Canadian cervical spine rule)
   - Consider bedside ultrasound for free fluid if abdominal trauma sustained

Head CT required if head trauma and any of following:
1. Glasgow Coma Scale score <15 2 hours after injury or <13 at any time
2. Suspected skull fracture
3. Any sign of basilar skull fracture (hemotympanum, raccoon eyes, Battle sign, cerebrospinal fluid otorrhea/rhinorrhea)
4. Vomiting >2 times
5. Age 65 or greater
6. Amnesia ≥30 minutes
7. Dangerous mechanism (fall from elevation)
8. Warfarin or any other anticoagulant/antiplatelet, or bleeding diathesis

Future Fall Prevention
- Review medications (Opiates? Benzodiazepines? Anticholinergics?)
- Recommend high-risk fall bracelet
- Review telemetry
- Remove unnecessary lines and tubes
- Order physical/occupational therapy
- Consider one to one