



Residential Aged Care

Health advice following a fall

Patient:

Note for health professionals: Patients who are coagulopathic are at increased risk of complications. Information in this leaflet should be explained thoroughly.

Date of fall: _____

Time of fall: _____

You are receiving this information as your resident has experienced a fall in the last 48 hours, either at home or while in hospital. Please ensure facility staff read this leaflet and GP is notified.

The resident has been reviewed and symptoms checked. Falls can sometimes cause damage to a blood vessel that may bleed next to the brain. This is uncommon but can occur. This is more likely if the fall involved the resident hitting their head. Symptoms may not develop for several days or even weeks after the fall.

Post Fall Monitoring: Refer to organisational guidelines

Witnessed Fall and hit head	Full neurological observations for 48 hours post fall: * Every 30 mins for 2 hours * Hour for 4 hours * 2 hourly for 4 hours * 4 hourly to total of 48 hours
Unwitnessed fall and on blood thinning medications, for example: Enoxaparin(Clexane), Warfarin, Aspirin, Clopidogrel, NOAC or NSAID	
Witnessed fall and did not hit head and are not on blood thinning medication	Full observations every 30mins for minimum of 2 hours and resident considered to be back to pre-fall cognition and no identified symptoms
NOTE: Post fall monitoring should include vascular and skin and take into consideration underlying health conditions that may place the older person at greater risk of falling.	

Worsening or severe symptoms to watch out for

Headache: A headache that gets worse and/or is not relieved with simple pain medication	Blurred vision: The resident is having problems focusing or seeing double vision
Drowsiness: The resident is fainting or more drowsy/tired than usual	Nausea and/or vomiting: The resident is feeling sick or vomiting and it doesn't settle within two to three hours
Dizziness and/or weakness: The resident has; * Increasing dizziness * Difficulty walking steadily * Losing balance * Weakness in any of their limbs	Confusion/change in cognition since the fall * Unusually strange behaviour * Problems speaking or understanding * Unable to recognise people, places or get muddled up
Seizures (rare): Have a blackout or a seizure (any jerking of the body or limbs)	Other symptoms: Continual clear fluid or bleeding from the ear or nose

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What to expect

Most people recover quickly and fully from their injury with no long-term problems. The resident may experience some **mild** symptoms such as;

- * minor headaches
- * irritability/tearful/anxious
- * problems with concentration or memory
- * feeling sick without vomiting
- * feeling dizzy
- * lack of appetite
- * problems sleeping
- * tiredness

If these mild symptoms do not go away or they become worse after the fall or during the following week then contact the resident's GP

- * It is normal for bruising to limit some of the resident's movement for a few days after the fall. If the resident experiences severe pain, which does not go away, or they have ongoing difficulty with moving and walking, speak to the resident's GP.

Recommended Actions

- * Notify next of Kin on resident's return
- * Notify GP for medical and medication review
- * Consider Residential Medication Management Review by pharmacist
- * Rest quietly and give mild pain relief as prescribed by GP if required
- * Re-screen according to organisational Falls Guidelines e.g. Falls Risk Assessment Tool
- * Continue to identify, assess and report and signs of clinical deterioration
- * Residents who fall are at increased risk of a subsequent fall and may need further review of medications and symptoms of deteriorating chronic disease

Where to get help if needed

If symptoms become worse within 48 hours after the resident's fall, or you have any concerns at any time please:

- * Refer to Registered Nurse in charge and adhere to organisational policy
- * Undertake a full clinical assessment
- * Contact resident's GP if available
- * Phone the Residential Care Line for clinical triage: 1300 795 837, 24hours, 7 days a week
- * Take into consideration the resident's Advance Health Directive, Advance Care Plan
- * Call an ambulance if there is clinical concern
- * Notify family

If you would like further support and/or information speak to the residents GP or phone Residential Care Line Outreach Service 8am–6 pm, 7 days a week on 08 6457 3146

Acknowledgment: This document has been adapted from the Western Australian 'Health Advice Following a Fall' tool 2018, by Residential Care Line Outreach Service in collaboration with the Residential Aged Care Clinical Collaborative Group, representatives of the Falls Community of Practice Group and Western Australia Country Health Service. Organisations wishing to rebrand or general enquires please contact Sir Charles Gairdner Hospital, Nurse Practitioner, Residential Care Line, Perth, Western Australia. Email: SCGH.NPRCL@health.wa.gov.au

Disclaimer: While the information provided has been developed with due care in ensuring accuracy and best evidenced based practice it is not a substitute for professional advice. Clinical assessment, GP collaboration with subsequent direction of care and the facilities' policies and guidelines should occur and is the responsibility of the facility staff. Collaboration with the resident, their person wishes and family must happen and be considered. It is also advised that all staff act within their scope of practice.