

Management of Person who has Fallen in Care Home Pathway Checklist for Red and Amber Flags

Note: If the person has dementia or another issue which effects their understanding or communication, where possible, assess for injuries/signs of pain, and compare to what is normal for them. When there is uncertainty, manage as if the Red/Amber Flag is present.

PRIMARY SURVEY - IF NO TO ANY QUESTION CALL 999 IMMEDIATELY		Yes	No
D	Is the environmental clear of danger to you and the resident?		Call 999
R	Is the person responsive?		Call 999
A	Is their airway open and clear?		Call 999
B	Are there signs of normal breathing?		Call 999
ISTUMBLE – RED FLAGS - IF YES TO ANY QUESTION CALL 999 IMMEDIATELY		Yes	No
I	Intense Pain • New pain since fall, including: • Headache, chest pain and abdominal pain • Consider both pain from injury caused by fall or medical causes	Call 999	
S	Suspected Collapse - Ask resident if this was a trip or collapse (do they remember falling) Any dizziness, sudden nausea or pain before the fall. Includes “near fainting” episodes	Call 999	
T	Trauma to Neck/Back/Head/Face • New pain in neck/back/head following fall • New injury on head with/without bleeding • Any new numbness/paralysis in any limbs	Call 999	
U	Unusual Behaviour • New or increased confusion • Acting differently to normal self e.g. agitated, drowsy, quiet • New or increased difficulty speaking e.g. slurred speech, words mixed up, marked stuttering	Call 999	
M	Marked Difficulty in Breathing/Chest Pain • Severe shortness of breath, not improved when anxiety is reduced • Unable to complete sentences • Blue/pale lips, blue fingertips, becoming lethargic or confused	Call 999	
B	Bleeding Freely - uncontrollable • Free flowing, pumping or squirting blood from wound • Apply constant direct pressure to injury with clean dressing (elevate if possible) • Try to estimate blood loss (per mugful)	Call 999	
L	Loss of Consciousness Indicators could include: • Drifting in and out of consciousness • Limited memory of events before, during or after fall • Unable to retain or recall information/repeating themselves	Call 999	
E	Evidence of Fracture • Obvious deformity e.g. shortened/rotated, bone visible, severe swelling • Reduced range of movement in affected area • Unusual movement around affected area	Call 999	
FAST - IF NO TO ANY QUESTION CALL 999 IMMEDIATELY		Yes	No
F	Facial weakness: Can the person smile?		Call 999
A	Speech problems: Can the person speak clearly and understand what you say?		Call 999
S	Arm weakness: Can the person raise both arms		Call 999
T	Time to call emergency services immediately		
ANTICOAGULANTS - IF YES CALL 999 IMMEDIATELY		Yes	No
Is the person taking blood thinning medication (anticoagulants) AND has sustained a suspected head trauma, OR the fall was unwitnessed?		Call 999	
SECONDARY SURVEY – Administer First Aid as required – see below If further medical attention is required contact your local Prevention of Admission (PoA) Services: E&N Herts- Early Intervention Vehicle: 7 Days a week 08:00-20:00 - 0300 123 7571 (option 3 then option 2) Hospital at Home: 7 Days a week 08:00-20:00 0300 123 7571 (option 3, then listen for the HaH option) Out of hours – call 111 S&W Herts- Admission Avoidance Response Car: 7 Days a week 06:30-23:00 - 0345 601 0552 Urgent Community Response: 7 Days a week 08:00-20:00 - 03000 200 656 NHS CLCH: 7 Days a week 08.00-20.00 – 03000 200 656 Out of hours – call 111		Yes	No
Person has other injury or illness. E.g. bruising, cuts, discomfort		First aid	PoA services/111
Person is bleeding but it is controllable		First aid	PoA services/111
Person has a skin tear (Refer to Acute Management by Non-Clinician in the Community of Skin Tears (for Adults) pathway) download (hweclinicalguidance.nhs.uk)		First aid	PoA services/111
Person has minor injury and takes anticoagulant medication		First aid	PoA services/111
Risk of a long lie (more than 1 hour on the floor)		First aid	PoA services/111
NEWS2 score of more than 5 – see attached: RESTORE2.pdf (icb.nhs.uk)		First aid	111/ PoA services