Step 1: History (subjective)

Does the history suggest a non-mechanical fall? Does the patient complain of:

- ? Loss of consciousness
- ? Chest pain or tightness
- ? Palpitations

Step 2: Assessment (objective)

A. Airway: evidence of airway obstruction, failure of airway protection, evidence of mucosal oedema?

?

2

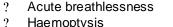
- **B.** Breathing: evidence of or acute changes in work of breathing, evidence of hypoxia or fatigue, acute wors ening of heart failure or COPD/asthma?
- **C.** Circulation: evidence of hidden bleeding, evidence of shock, evidence of sepsis, evidence of ACS, orthostatic hypotension, evidence of an AAA?
- D. Disability: acute changes to level of consciousness, post-fitting, signs/symptoms of stroke?
- **E.** ECG: abnormal rhythm including heart block (Mobitz type 2 or 3rd degree), new-LBBB, left ventricular hypertrophy, sinus bradycardia, fast or non-diagnosed AF?
- F. Fracture: bony pain, deformity, crepitus at injury site, reduced neurovascular function distal to injury site.
- G. Glucose: evidence of hypo- or hyperglycaemia?
- H. Hypo- and hyperthermia: is the patient hypothermic or pyrexial?

Step 3: Other aspects of assessment

- ? Recent history of falls 2 or more in the last 12months, or recent increasing frequency
- ? Polypharmacy patient on 4 or more prescribed medications
- ? Mobility acute decrease in mobility, requires constant supervision, unstable gait, 'Timed Up and Go Test' >15secs
- ? Balance patient self-reporting of problems with balance
- ? Elimination problems with continence
- ? Sensory deficit visual problems (incl. difficulties with varifocals or diminished peripheral sensation)
- ? Environmental & social concerns including footwear issues, walking aids, irregular sleep patterns, home hazards, social isolation, alcohol/drug intake, fear of falling
- ? Existing conditions (e.g. Parkinson's', CVA, osteoporosis, altered mental state incl. dementia)
- ? Recent change in circumstances (within last week) e.g. new medications, change of living location, new walking aid

Step 4: Advice & Guidance

- Rest; eat regular meals/fluids
- Patient to inform GP of incident



- Vertigo/dizziness
- Sudden limb weakness or collapse

Convey patient to the nearest Emergency Department (or Cath Lab, HASU, Major Trauma Unit as appropriate) or to the ED where the patient is known

Yesto any one

No

Yesto

any one

Falls referral via GP: contact EBS and hand patient over for onward referral to falls service via GP.

