

Nananom Assisted Living

Post-Fall Management

Resident Name: _____ Date of Fall: _____

Post Fall Management Date: _____

Note: Residents who experience a fall with injury are treated based on hospital emergency response protocols.

Residents Experiencing a Fall with:

- A. No loss of consciousness.
- B. No injuries to exceed minor hematomas and lacerations.
- C. Conduct post fall team huddle to determine immediate/root cause of the fall within 15 minutes of the fall.
- D. Conduct multifactorial assessment of the patient post fall, per hospital policy and guidelines, considering the following practices:
 1. No Head Trauma:
 - a. Determine vital signs to include orthostatic blood pressure (sitting/standing blood pressure, repeat at 1- and 3-minute intervals with a manual cuff) and pulse.
 - b. If diabetic, check blood glucose.
 - c. Determine circumstances leading to the fall with corrections.
 - d. Notify the attending physician and hospice agency as soon as possible.
 - e. For the following 48 hours after the fall:
 - i. Obtain vital signs every 8 hours or every shift.
 - ii. Observe for possible injuries not evident at the time of the fall (limb reflex, joint range of motion, weight bearing, etc.)
 - iii. Mental status changes.
 2. Minor Head Trauma:
 - a. Use the same protocol outlined above.
 - b. Perform neuro-checks according to hospice agency recommendation.
 - c. Alert the attending physician and hospice agency of any changes.
- E. Additional Measures:
 1. Complete and file Post Fall Note in the medical record.
 2. Complete Incident Report.
 3. Review Fall Prevention Interventions and modify the Service Plan as indicated.
 4. Communicate to all shifts the resident has fallen, the circumstances and results of the fall event, and changes to the Service Plan.
 5. Consult the hospice agency and the manager for additional suggestions for changes to the Service Plan.

Additional Notes: _____

Manager/designee: _____ Date: _____