**Post-fall assessment**

|  |  |
| --- | --- |
| **Name of resident** |  |
| **Date and time of fall** |  |
| **Place of residence** |  |
| **Name and signature or person assessing** |  |
| **Date and time of assessment** |  |

 ✓ Tick and sign

|  |  |  |
| --- | --- | --- |
| **Level of consciousness** | Responsive as normal | [ ]  |
| Less responsive than usual – Glasgow Coma Scale | [ ]  |
| Unresponsive or unconscious (call 111) – Glasgow Coma Scale | [ ]  |
| **Pain or discomfort**  | No evidence of pain or discomfort | [ ]  |
| Showing signs of pain or complaining of pain | [ ]  |
| **Where is the pain?** |  |
| **Injury of wounds** | No evidence of injury, bleeding or wounds | [ ]  |
| Evidence of swelling, bruising, bleeding or deformity/shortening/rotation of limb | [ ]  |
| **Where is the injury or wound/s?** |  |
| **Movement and mobility** | Able to move all limbs as normal for the resident | [ ]  |
| Able to move limbs but has pain on movement | [ ]  |
| Unable to move limbs as normal for the resident or there is a major change in mobility | [ ]  |

**Observations including neurological observations** ✓ Tick and sign

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Pulse | Resp rate | Sitting BP | Standing BP  | Blood sugar | SPO2  | Neuro-obs chart |  |

**Conclusion of assessment** ✓ Tick and sign

|  |  |  |
| --- | --- | --- |
| **No apparent injury or minor injury** [ ]  | Give first aid treatment | [ ]  |
| Commence observations (use post-fall assessment chart and complete body map) | [ ]  |
| Inform relatives | [ ]  |
| Complete an incident form | [ ]  |
| **Major injury** [ ]  | Give first aid/resuscitate and call 111. **DO NOT MOVE RESIDENT** | [ ]  |
| Commence observations (use post-fall assessment chart and complete body map) | [ ]  |
| Inform relatives | [ ]  |
| Complete an incident form | [ ]  |