**Post-fall assessment**

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| --- | --- |
| **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

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| --- | --- | --- |
| **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

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

**Conclusion of assessment** ✓ Tick and sign

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| --- | --- | --- |
| **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 |  |