

**UHSM ED  
Pathway  
ELDERLY FALL /  
COLLAPSE**

Patient name /  
Addressograph

**Pathway for patients who require assessment in ED after a fall or collapse**

**Note:**

- It **can** be used if the patient has also sustained a minor head injury
- More than 30% of elderly people have amnesia for blackouts and so will report it as a fall
- A rapid / recent change in caring needs indicates that there is an underlying medical problem

**Exclusions**

- under 70 years old
- acute medical illness
- multiple injuries (major trauma)

Arrival time.....Date.....Triage Category.....

Initiate from arrival	Requested	Done
Postural BPs		
Urinalysis & MSU		
FBC, U&E, +/- INR		
ECG		
Contact GP for PMHx & DHx		
Consider CXR / Pelvis/Hip Xray		

On arrival	30 minutes	60 minutes
HR	HR	HR
BP	BP	BP
RR	RR	RR
SpO2	Spo2	Spo2
Pupils	Pupils	Pupils
GCS Eyes /4	GCS Eyes /4	GCS Eyes /4
Verbal /5	Verbal /5	Verbal /5
Motor /6	Motor /6	Motor /6
TOTAL /15	TOTAL /15	TOTAL /15
MEWS	MEWS	MEWS



# INITIAL CLINICAL ASSESSMENT

Patient name /  
Addressograph

## HISTORY OF PRESENTING COMPLAINT

Time of fall / collapse.....

History of Fall / Collapse

Memory of event? Yes  No

Precipitating event? Yes  No

Recent deterioration in health? Yes  No

History of falls? Yes  No

Change in caring needs in last week? Yes  No

Symptoms of head Injury:

Vomiting? Yes  No  LOC? Yes  No  Seizure? Yes  No

Post traumatic amnesia? Yes  No  Pre traumatic amnesia ? Yes  No

## PAST MEDICAL HISTORY

Social History:

Current care package:

Regular alcohol intake

Tetanus status

Patient name /  Addressograph
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**DRUG HISTORY**

DRUG	DOSE	FREQUENCY	DRUG	DOSE	FREQUENCY
Drug allergies			Drug Intolerance		

**EXAMINATION**

CVS:

RESP:

GI:

HIP & PELVIS:

LIMBS:

MOBILITY ASSESSMENT:

Patient name /

Addressograph

## NEUROLOGICAL ASSESSMENT

GCS:

Eyes...../4

Verbal ...../5

Motor.....6

PUPILS:

Cranial Nerves:

Examine for Head Injury:

	RIGHT	LEFT
Haemotympanum	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Panda Eyes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
CSF rhinorrhoea	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Battle's sign	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Neck Examination:

C-Spine Xray indicated?                      Yes  No

Peripheral Nerves / Limb Examination:

Patient name/  Addressograph
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**REVIEW**

INVESTIGATION	RESULTS
ECG	
POSTURAL BP	
URINALYSIS	
BLOODS	
XRAYs	

Does the patient take medications that could cause them to fall?

- |                 |                              |                             |
|-----------------|------------------------------|-----------------------------|
| Betablockers    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Antiarrhythmics | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Diuretics       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Does the patient have a history of

- |   |                             |   |                             |
|---|-----------------------------|---|-----------------------------|
| CCF Yes <input type="checkbox"/>            | No <input type="checkbox"/> | Heart disease Yes <input type="checkbox"/>      | No <input type="checkbox"/> |
| CVA Yes <input type="checkbox"/>            | No <input type="checkbox"/> | Parkinsons disease Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Previous falls Yes <input type="checkbox"/> | No <input type="checkbox"/> | Dizzy episodes Yes <input type="checkbox"/>     | No <input type="checkbox"/> |

## MANAGEMENT PLAN

**Does the patient need a CT Head?** Yes  No

(see flow chart on next page)

**Plan:**

**Admit medics if:**

- Acute medical illness
- Symptomatic postural drop in BP ( and >20mmHg)
- Acute abnormal ECG
- Abnormal Bloods

**Discharge Home if:**

- Patient well
- All investigation results are normal
- Refer them to the **Falls Service** on the attached proforma

**Admit to CDU for ICT assessment if:**

- Unable to go home due to acute change in caring needs
- Patient well
- Investigation results normal
- Agreed by consultant in charge:  
Name & Signature.....
- Drug Kardex completed

## INVESTIGATION OF POTENTIAL HEAD INJURY

- GCS < 13 (in ED)
- Post Traumatic seizure
- Focal neurological deficit
- >1 episode of vomiting
- GCS 13 or 14 2hrs or more after injury
- Suspected open or depressed skull fracture
- Sign of fracture of base of skull
- Coagulopathy with loss of consciousness or amnesia ( history of bleeding, clotting disorder, current treatment with warfarin)

**YES TO ANY**

### IMMEDIATE CT SCAN

Time requested

.....  
(complete part 2/  
CDU pathway)

**NO**

- Age >65 and loss of consciousness or amnesia
- Dangerous mechanism of injury and loss of consciousness or amnesia
- Amnesia of events > 30 mins before impact

**YES TO ANY**

### CT SCAN WITHIN 8 HOURS OF INJURY

(complete part 2/ CDU pathway)

**NO**

### DISCHARGE

Ensure that:

- Head injury advice leaflet given
- Verbal advice given
- Analgesia given
- Accompanied by a responsible adult

If any concerns consider admission to CDU on minor head injury pathway

Note: if no beds on CDU patient to be admitted under **General Surgery**