



POST FALL ASSESSMENT TOOL SCAN & SEND TO RESIDENT'S GP WHEN COMPLETE

Name of resident					D.O.B		
Fall Date & Time							
Name of person assessing					Time & date of assessment		
Head Injury?	Y	N	Is resident on anticoagulant?			Y	N
Level of consciousness	Responsive as normal					Tick & Sign	
	Less responsive than usual					Tick & Sign	
	Unresponsive or unconscious					Tick & Sign	
Pain or discomfort	No evidence of pain or discomfort					Tick & Sign	
	Showing signs of pain or complaining of pain					Tick & Sign	
Where is the pain?							
Injury or wounds	No evidence of injury, bleeding or wounds					Tick & Sign	
	Evidence of swelling, bruising, bleeding or deformity / shortening / rotation of limb					Tick & Sign	
Where is the injury or wound/s?							
Movement and mobility	Able to move all limbs as normal for the resident					Tick & Sign	
	Able to move limbs but has pain on movement					Tick & Sign	
	Unable to move limbs as normal for the resident or there is a major change in mobility					Tick & Sign	
Observations including neurological observations							
Pulse	BP - Lying	BP- Sit/Stand	Blood Glucose	Urine dip	Neuro-Obs chart		
Conclusion of assessment							
	Give first aid treatment					Tick & Sign	

No apparent injury or minor injury <input type="checkbox"/>	Commence observations (use post falls assessment chart and complete body map)	Tick & Sign
	Inform relatives	Tick & Sign
	Complete an incident form	Tick & Sign
Major injury <input type="checkbox"/>	Give first aid / resuscitate and call 999 DO NOT MOVE THE RESIDENT	Tick & Sign
	Commence observations (use post fall assessment chart and complete body map)	Tick & Sign
	Inform relatives	Tick & Sign
	Complete an incident form	Tick & Sign