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| FALLS INVOLVING PATIENTS | | | | NO. 517 | |
| PROCEDURES:  1. Assess for hemorrhage and shock.  a. Check vitals. If blood pressure is above or below normal, check every 15 minutes  and prn.  b. Apply pressure to bleeding wound, if present.  c. Apply ice to hematoma, if present  2. Start oxygen per standing orders if symptoms such as cyanosis and shortness of breath are present.  3.  a. If head injury is suspected, determine the presence of headache, double vision, nausea, vomiting.  b. If head injury is suspected, evaluate pupil size and reaction to light.  c. Measure blood pressure, pulse, respirations.  d. Evaluate level of responsiveness (e.g. alert, confused).  4. Evaluate motion and strength of extremities.  a. Assess for injuries to other organ systems  b. Evaluate for changes in patient’s condition  c. If no apparent fractures are present, transfer to bed with assist.  5. Determine the baseline condition of the patient served as a basis for comparison as patient’s condition changes. If there is an observable level of change in behavior or consciousness that indicates possible neurological involvement (e.g. stroke or brain injury), perform neurological checks every 15 minutes and prn until medical assistance arrives.  6. If indication that fracture is present, make resident comfortable. Keep patient as immobile as possible until ambulance crew arrives. A staff member must stay with the resident until emergency assistance arrives.  7. Notify MD to determine if x-ray is necessary. (Be specific as to what area needs to be x-rayed.) | | | | | |
| Approved: | Effective Date: | Revision Date: | Change No.: | | Page:  1 of 1 |