Focus on Falls

Head and Spine Injuries CPD

For the purposes of discussing trauma, people over the age of 65 are considered at greater risk.

This CPD will refer to this age group as “**older**”.

Falls from less than 2m (standing) account for the vast majority of older patients experiencing trauma and hospital admission

Source: TARN

And over 70% of those who go to hospital are taken because of a head injury

Source: TARN

Of patients who die from trauma, the vast majority die from head injuries

Source: TARN

The older the patient, the longer they will wait for a CT scan – usually due to delays in symptoms or response
(falls are low priority calls for WMAS)

Source: TARN

Pre-hospital triage is less accurate in older people, and the severity of injury is often under-reported

Source: TARN

So part of our role as Urgent Community Response teams is to pay close attention to signs and symptoms of injury, and get a **full** history

Source: ShropCom Falls Prevention Policy

Use the DR CAcBCDE approach to assessment …

Source: ShropCom Falls Prevention Policy

DR CAcBCDE

Dangers

Check for and minimize any dangers to yourself and the patient

If you can’t - 999

Source: ShropCom Falls Prevention Policy

DR CAcBCDE

Response

Is the patient conscious and alert, not confused?

If not - 999

Source: ShropCom Falls Prevention Policy

DR **C**AcBCDE

Catastrophic Bleeds

Is blood coming out so much that CPR is futile?

Apply direct pressure and get 999

Source: ShropCom Falls Prevention Policy

DR CAcBCDE

Airway

Can the patient maintain their own airway?
If not, can you open and maintain it for them using position?
If unconscious, is airway at risk from vomit?
Any problems - 999

Source: ShropCom Falls Prevention Policy

DR CA**c**BCDE

consider C-spine

In older patients who are *unconscious* and fallen, minimize neck movement when opening airway. Consider jaw-thrust or airway adjunct if supine or airway compromised, and 999

Source: ShropCom Falls Prevention Policy

Spinal Injury in Falls

Older people are considered high-risk (NICE)

Red flags – call 999 and do not move patient:

Impact to spine or neck
Pins and needles
Tingling or numbness
Weakness or loss of sensation
Back or neck pain
Patient guarding (not moving) their neck or head
Pain in spine when coughing (NICE)

Source: ShropCom Falls Prevention Policy, NICE

Spinal Injury in Falls

People **under** 65 are considered lower risk

If they have been moving since the fall
If they can move their head 45-degrees side to side
If they have no midline bony neck tenderness on palpation

They have a low/no risk of spinal damage.

Source: NICE Spinal Injuries Guidelines

DR CAc**B**CDE

Breathing

Should be effective

If not - 999

Source: ShropCom Falls Prevention Policy

DR CAcB**C**DE

Circulation

Pulse, HR, BP, colour, bleeds

Source: ShropCom Falls Prevention Policy

DR CAcBC**D**E

Disability (neurological issues)

Confusion, diabetic issues, stroke symptoms, weakness, hypothermia etc.

Source: ShropCom Falls Prevention Policy

DR CAcBCD**E**

Expose and Environment

Top to toe check for injuries which may affect how your patient gets up.

Source: ShropCom Falls Prevention Policy

If patient is stable, you can re-assess injuries prior to lifting…

Source: ShropCom Falls Prevention Policy

A Head Injury is defined by NICE as “any trauma to the head other than superficial injuries to the face”

Source: ShropCom Falls Prevention Policy

Head Injury in Falls

Red flags – call 999*:

Anticoagulants – Should have a CT scan within 8 hours of impact
Reduced alertness/Glasgow Coma Score (GCS)
Loss of consciousness
Neurological deficit or change following the fall
Amnesia
Persistent headache
Vomiting
Seizure
History of Brain Surgery
Clotting disorders
Alcohol or drugs
Nobody to supervise at home
Family concerns

Source: ShropCom Falls Pathway

Transport – is an ambulance best?

NICE Head Injury guidelines allow for transport to hospital by a competent adult where the wait for an ambulance might be long or unnecessary, and where it is safe for the patient –
e.g. a patient on thinners who hit their head but has no symptoms.

1.1.6 Patients referred from community health services and NHS minor injury clinics should be accompanied by a competent adult during transport to the emergency department. [2003]
1.1.7 The referring professional should determine if an ambulance is required, based on the patient's clinical condition. If an ambulance is deemed not required, public transport and car are appropriate means of transport providing the patient is accompanied. [2003]
1.1.8 The referring professional should inform the destination hospital (by phone) of the impending transfer and in non-emergencies a letter summarizing signs and symptoms should be sent with the patient. [2003]

Source: NICE and ShropCom Falls Prevention Policy

Leg Injury in Falls

Don’t move the patient – call 999 if:

Long bone injuries of the leg
Hip pain
Limb deformities
Loss of sensation or numbness
Weakness

Foot and ankle injuries *only* – consider if moving the patient is in their best interest to prevent further pressure damage.
If so, consider pain relief and prevent further harm

Source: ShropCom Falls Prevention Policy

Arm Injury in Falls

An arm injury may not prevent a patient being carefully moved.

Consider if moving the patient is in their best interest to prevent further pressure damage.

If so, consider pain relief and prevent further harm.

Consider the best pathway for onward assessment (MIU, 999, A&E…)

Source: ShropCom Falls Prevention Policy

Other Injury in Falls

Consider immediate treatment options – dressings etc.

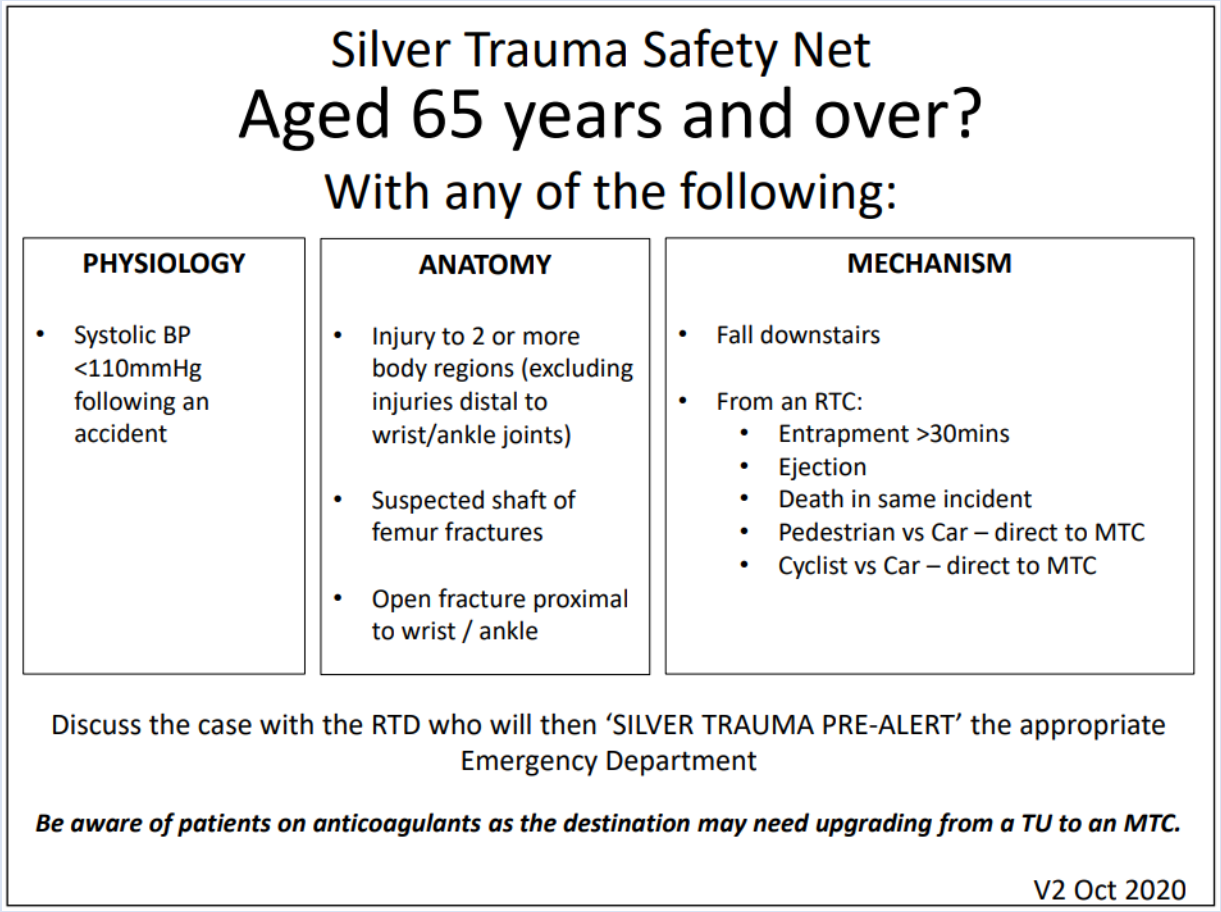
Consider the best pathway for onward assessment (MIU, 999, A&E…)

Source: ShropCom Falls Prevention Policy

Silver Trauma Tool

If any of these factors is present, call 999

Note that systolic lower than 110mmHg after trauma is linked to higher mortality and is a red flag



Silver Trauma Safety Net

Aged 65 years and over?

With any of the following:

PHYSIOLOGY	ANATOMY	MECHANISM

• Systolic BP <110mmHg following an accident	• Injury to 2 or more body regions (excluding injuries distal to wrist/ankle joints)
	• Suspected shaft of femur fractures
	• Open fracture proximal to wrist / ankle
		• Fall downstairs
		• From an RTC:
		  • Entrapment >30mins
		  • Ejection
		  • Death in same incident
		  • Pedestrian vs Car – direct to MTC
		  • Cyclist vs Car – direct to MTC

Discuss the case with the RTD who will then 'SILVER TRAUMA PRE-ALERT' the appropriate Emergency Department

Be aware of patients on anticoagulants as the destination may need upgrading from a TU to an MTC.

V2 Oct 2020

Source: TARN

More Reading:

TARN Major Trauma in Older People

Silver Trauma Safety Net

WMAS Trauma Triage Tool v3

NICE Head Injury Guidelines

NICE Spinal Injury Guidelines