Practice Alert

Post-Fall Order Set

Audience: All Nursing Staff, Medical Staff April 2025

Situation: The AAHC has seen an increase in falls with injury, including mortality. There is a lack of standardized criteria for identification of patient risk for major injury post-fall.

Assessment/Background: Post-fall Root Cause Analyses (RCAs) have identified gaps in care following a patient fall, including lack of standardization of provider post-fall orders and scanning practices, leading to inconsistent nursing assessments and monitoring post-fall. These inconsistencies can contribute to delays in recognition of major injury that requires urgent treatment to avoid worsening morbidity/mortality.

Recommendation: A post-fall order set has been built and vetted through medical leadership to help standardize assessment and monitoring of patients after a fall.

- Nursing staff will inform the provider when a patient falls, and the provider will initiate the post-fall order set.
- Provider will review criteria to determine if the patient is at **HIGH** or **LOW** risk for MAJOR injury from the fall and will select the corresponding orders.

IMPORTANT POINTS TO REMEMBER

- **NURSES:** When calling providers to report a patient fall, please remind them to initiate the Adult Post-Fall Order Set.
- **PROVIDERS:** Initiate the Adult Post-Fall Order Set for **EVERY** adult inpatient fall.
- PROVIDER will select orders for **HIGH** risk or **LOW** risk for **MAJOR injury** from the fall based on the suggested criteria and assessment findings.
- NURSE will initiate post-fall monitoring as ordered.

AAHC Falls Team

September 2024

Post-Fall Algorithm

Initial Post-Fall Assessment

- Assess patient for injury and medical stability.
- Call for assistance and, if necessary, activate appropriate emergency response (RRT, Code).
- Do not move the patient if you suspect the patient may have a fracture.
- Stabilize any injuries: for example, apply dressing to wounds, apply pressure to stop bleeding.
- Apply a C collar for any suspected head or neck trauma.
- Obtain a set of vital signs.
- Assess the patient's Glasgow Coma Scale.
- When the patient is stable enough to move, assist them back to bed using safe handling practices.

Notify Provider of fall and assessment findings.

Ask provider to initiate Adult Post-Fall Order Set

Nursing

- Follow post-fall order set initiated by provider.
- Provide analgesia if requested and not contraindicated.
- Review current plan of care and modify fall prevention plan.
- Update Morse Fall Scale.
- Document assessment findings and provider response.
- Escalate assessment changes from baseline.

Post-Fall Escalation

- Notify Clinical Manager of ALL falls, regardless of injury.
- Notify patient's family and document.
- Complete Falls Debriefing Tool.
- File an incident report.
- Document a Significant Event Note in Cerner.

Provider

Initiate post-fall order set using the following considerations:

- Identify if patient has received blood thinners recently.
- Assess if the patient is at high or low risk for major injury.
  - Age 65 or older
  - Unwitnessed fall
  - Recent/current anticoagulant
  - History of bleeding disorder, thrombocytopenia
  - History of Osteoporosis or bone disease – fracture risk
  - Known or reported hit to head/face
  - Visible head or facial trauma
  - Change in mental status
  - Loss of consciousness
  - Neurological deficit
  - Persistent vomiting
- Utilize Adult Post-Fall Order Set for increased frequency of assessments (vital signs, neuro assessments, etc.) and any additional testing.
- Debrief with nursing on assessment, plan of care, and fall prevention.

References: AHRQ Fall Prevention Toolkit (Tool 3N: Postfall Assessment, Clinical Review | Agency for Healthcare Research and Quality (ahrq.gov))

Mower, W. R., Gupta, M., Rodriguez, R., & Hendey, G. W. (2017). Validation of the sensitivity of the National Emergency X-Radiography Utilization Study (NEXUS) Head computed tomographic (CT) decision instrument for selective imaging of blunt head injury patients: An observational study. *PLoS medicine*, *14*(7), e1002313.