Patient Nan	ne:
NHS No:	
Hosp No:	D.O.B.



Date and time of fall	vhom:				
Any reported LOC? Any reported post seizure activity? Is patient on any anticoagulants?	Yes Yes Yes	No No No	Unkn Unkn Detai		
Observations post fall: BM Temperature	BP (lyin	ıg)	BP	(standing)	
HR RR Sats Airway: Circulation:		Breat	hing:		
(NB: ECG to be requested if cardiac cause MSK examination (document any injur				e <b>d)</b> examination	
<ul> <li>Comment on any signs/symptoms of potential spinal injury or fracture</li> <li>Was the patient moved prior to</li> </ul>			<ul> <li>GCS/15</li> <li>If GCS &lt;15(taking into account usual baseline GCS) – neuro obs to be performed every 30 minutes until GCS is 15.</li> <li>GCS is 15 – neuro obs to be performed every 30 minutes for 2 hours then hourly for next 4 hours then 2 hourly until all symptoms have resolved OR</li> </ul>		
medical review?  Other Injury sustained:		CT head has confirmed no bleed.  Any evidence of head injury? (circle as appropriate)			
		Yes	No	Unknown	
Plan: (including any requested xrays/scans – Ensure images are reviewed or handed over for review.)  Signed: Name and designation:		Indications for CT head following head injury: (NICE head injury (2014) Quality standard 74) For adults who sustain head injury and have any of the fol risk factors (assuming patient's GCS before head injury wa CT head to be performed within 1hr of risk factor identified.  GCS <13 when first assessed. GCS <15 when assessed after 2 hours of the injury. Suspected open or depressed skull fracture. Sign of fracture at base of skull. Seizure after head injury. Focal neurological deficit. >1 episode of vomiting. For adults with the following risk factors who have experienced some loss of consciousness or amne since injury, perform CT head within 8hrs of inju. Age 65 yrs or older. Any history of bleeding or clotting disorders. Those patients who have none of the indications abo have sustained a head injury in the presence of anti-			