

HISTORY

HPC	<ul style="list-style-type: none"><li>• When did patient fall</li><li>• Witnessed: / Unwitnessed</li><li>• Mechanism of fall: Patient recall / Witness / Unknown</li><li>• Head injury</li><li>• LOC: Pre-fall / Post-fall / Patient remember hitting the floor</li><li>• Pre-fall symptoms: SOB / Pain / Dizziness / Palpitations / Chest Pain / Confusion / Seizure / Facial drop / Limb weakness</li><li>• Post fall symptoms: SOB / Pain / Dizziness / Palpitations / Chest Pain / Confusion / Seizure / Facial drop / Limb weakness</li><li>• Post fall pain: Limb / Spine / Head</li><li>• Patient able to get up: Alone / Assistance / Unable</li></ul>
PMH	<ul style="list-style-type: none"><li>• Postural hypotension</li><li>• History TIA / Stroke</li><li>• History arrhythmia / MI</li></ul>
DH	<ul style="list-style-type: none"><li>• Anticoagulation</li><li>• Anti-hypertensives</li><li>• Diuretics</li><li>• Beta-blockers</li><li>• Alpha-blockers (Tamsulosin)</li><li>• Opioids / Sedatives / Antipsychotics</li></ul>
SH / FH	<ul style="list-style-type: none"><li>• Usual level of function</li><li>• History of falls</li><li>• Alcohol consumption: Usual / Recent</li></ul>

EXAMINATION

GENERAL OBSERVATIONS	<ul style="list-style-type: none"><li>• Distressed / Pain</li><li>• Limb deformity</li><li>• Mobile since fall</li></ul>
CERVICAL SPINE	<ul style="list-style-type: none"><li>• Cervical spine assessment</li><li>• Triple immobilisation if any concerns</li></ul>
AIRWAY	<ul style="list-style-type: none"><li>• Ensure airway patent</li></ul>
BREATHING	<ul style="list-style-type: none"><li>• Physical Observation: FiO<sub>2</sub> / RR / SaO<sub>2</sub></li><li>• Auscultation: Wheeze / Crackles / Air entry / Silent Chest</li></ul>
CIRCULATION	<ul style="list-style-type: none"><li>• Physical Observation: HR / BP (Postural BP)</li><li>• Fluid input-output: Fluid balance</li><li>• Heart sounds: Murmurs</li><li>• Hydration status: CRT / Mucus membranes</li></ul>
DISABILITY	<ul style="list-style-type: none"><li>• Physical Observation: Temp</li><li>• GCS</li><li>• PEARL: Normal / Constricted / Dilated</li><li>• Cranial nerve exam: Slurred speech / Facial drop / Visual-spatial neglect</li><li>• Cerebellar neurological exam: Ataxia / Coordination</li><li>• Peripheral neurological exam: Limb weakness / Tone change / Up-going Babinski</li><li>• Limb movement: Able to move / Unable / Pain on passive</li><li>• BM: Normal / Hypoglycaemic</li></ul>
EXPOSURE	<ul style="list-style-type: none"><li>• Head injury</li><li>• Facial injury</li><li>• Obvious limb deformity</li><li>• Lower limb: Shortened / Externally rotated leg</li><li>• Joint: Swelling / Erythema / Warm / Painful</li><li>• Skin: Open wound / Tenting / Palor (over deformity)</li><li>• Tongue biting</li><li>• Urinary / Faecal incontinence</li></ul>

INVESTIGATIONS

BLOODS	<ul style="list-style-type: none"><li>• FBC / U&amp;E / CRP</li><li>• Clotting</li><li>• Group and Save (if open injury / bleeding)</li><li>• Troponin: If Chest pain</li></ul>	
CBG	<ul style="list-style-type: none"><li>• Capillary blood glucose: &lt; 4</li></ul>	
ECG	<ul style="list-style-type: none"><li>• Rate</li><li>• Rhythm: Arrhythmia</li><li>• Ischaemia: ST segment / T wave inversion / New LBBB</li></ul>	
URINALYSIS	<ul style="list-style-type: none"><li>• Blood</li><li>• Leukocytes</li><li>• Nitrites</li></ul>	
MICRO	<ul style="list-style-type: none"><li>• Cultures: If Temp &gt; 38</li><li>• Urine culture: If positive urinalysis</li></ul>	
CXR	<ul style="list-style-type: none"><li>• Consolidation</li><li>• Effusion</li><li>• Collapse</li><li>• Pneumothorax</li><li>• Rib fracture</li></ul>	
SKELETAL X-RAY	<ul style="list-style-type: none"><li>• Fracture</li><li>• Dislocation</li></ul>	
CT HEAD	<ul style="list-style-type: none"><li>• Stroke</li><li>• Intracranial Haemorrhage</li><li>• Skull fracture</li></ul>	DISCUSS WITH SENIOR
CERVICAL SPINE X-RAY	<ul style="list-style-type: none"><li>• Neck pain</li></ul>	DISCUSS WITH SENIOR

POTENTIAL CAUSES

DELIRIUM SEPSIS / INFECTION	STROKE / TIA	ALCOHOL INTOXICATION
ARRHYTHMIA TACHY / BRADY	SEIZURE	HYPOGLYCAEMIA
SYNCOPE	LOWER LIMB MUSCULOSKELETAL PAIN	INTRACRANIAL HAEMORRHAGE SAH / SUBDURAL / EXTRADURAL
OPIOID / SEDATIVE MEDICATION	MULTI-FACTORIAL	

POTENTIAL OUTCOMES

HEAD INJURY	CERVICAL SPINE INJURY
FRACTURE / DISLOCATION	