

Falls and Head Injury in Community Hospital and Care Homes in Cornwall and Isles of Scilly

In the community hospitals and care homes, we predominantly look after a frail population of patients. These patients are at risk of falls.

NICE guidelines are focussed on CT head scans to identify intracranial events so that early neurosurgical intervention can take place.

We know that nationally high numbers of CT heads are done in the emergency department on the frail, elderly. For our frailer patients, neurosurgical intervention may not be appropriate. Transfer to the Emergency Department can be detrimental to the patient by worsening delirium and also adds work load to the ambulance and paramedics.

This guideline aims to provide decision-making support when considering transferring a frailer patient to the Emergency Department for CT head scanning from the local community hospital wards and from care homes in Cornwall and Isles of Scilly.

Tips for all patients who have fallen

1. Assess them in an A-E manner – looking for any sign of injury on exposure. Remembering to check a blood sugar level.
2. Establish events around fall – before, the falls and any injury including head injury
3. Consider the cause of the fall – this may be multifactorial
4. Aim to address any risk factors for further falls
5. Communicate their fall to the MDT – all patients who have fallen need a MDT assessment
6. Document the fall

For patients with a head injury see the guidance below

Remember: Prevention is the key in patients at risk of falls

All patients over 65 or judged to be a clinical risk are deemed to be at risk of inpatient falls. This risk becomes higher with further falls risk factors. A multifactorial falls risk assessment should be done and factors addressed.

Useful guidance:

<https://www.nice.org.uk/guidance/cg161/chapter/1-Recommendations#preventing-falls-in-older-people-during-a-hospital-stay-2>

<https://pathways.nice.org.uk/pathways/head-injury>

Witnessed fall with definitely NO head injury sustained:
Complete falls review and follow Non-injury Falls Pathway

Head Injury definitely HAS occurred:

- History of
- Witnessed
- Signs of head injury on examination

Suspect Head Injury MAY have occurred:

- Unwitnessed fall but no history or physical sign of head injury

Meets clinical criteria for URGENT CT head within 1 hour of arrival in ED - Consult TEP.

If FOR escalation – ring 999

If NOT for escalation – consider below to enable preferred place of care with clinical support

Care homes: contact Clinical Care Home Support Team 24/7 7 days/wk - 01872 303770 .

Community Hospital Wards:

- In hours – contact your ward medic to review.
- Out of hours - contact OOH HCP service 111*

Meets criteria for NON-URGENT CT head within 8 hours

Care homes: contact Clinical Care Home Support Team 24/7 7 days/wk - 01872 303770 .

Community Hospital Wards:

- In hours – contact your ward medic to review.
- Out of hours - contact OOH HCP service 111*

If GCS falls further or develops any red flag symptoms then transfer to URGENT CT HEAD guideines.

If medical discussion/review will be available within next 4 hours – consider waiting to contact comm hosp medic/ care home virtual ward for clinical review at earliest possible opportunity to re-consider appropriateness of potential transfer. Medical team to consult TEP, it may be appropriate to not transfer or scan.

*Monitor neurological observations - Every 30 min for 2hrs; 1 hourly for 4 hours then 2 hourly for 24 hours or until clinical review instructs to stop observations. Use RESTORE2 Tool.

Does the patient have any of the following features?

RED FLAG SYMPTOMS and SIGNS

- New GCS less than 13 on initial assessment (use RESTORE2 Tool – Care Home NEWS2 score)
- Suspected open or depressed skull fracture
- Any sign of basal skull fracture
- Seizure following fall
- New area of weakness, sensory loss or change in speech
- More than 1 episode of vomiting.
- Large head wound with unopposed edges or other injury (such as a fracture) that needs review in ED

YES

NO, but has one of the criteria below:

AMBER SYMPTOMS and SIGNS

- Witnessed period of being unconscious following head injury
- Patient would normally remember events and is not able to remember 30 minutes before fall
- Patient has bleeding or clotting disorder
- Patient is on warfarin, DOAC (apixiban, rivaroxaban, dabigatran) or treatment dose LMWH with witnessed head injury /evidence of head injury (prophylactic 5000iu dose LMWH does not need CT head)

YES

NO

Meets NO criteria for CT head

Head Injury has occurred BUT NO red or amber features at initial assessment. Can be monitored neurologically in the Care Home or Community Hospital Ward.

- Complete fall review and follow Non-injury Falls Pathway
- Monitor neurological observations. *see left hand box
- Continue to monitor for red flag symptoms
- Medical cover to review at the earliest opportunity.