# Observation

## Following a Fall – where there are no initial obvious signs of injury.

##### This form should be completed in conjunction with the CBC accident / incident report form and the accident / incident outcome form.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Date and Time of Fall: | Form set up by: | Job role: |
|  |  |  |  |

**Emergency medical attention must be sought if any of the following signs of a head injury are observed in the 24 hours after a fall. If there is an obvious head injury – emergency services must be called immediately.**

* Loss of consciousness – either briefly or for a longer period of time.
* Difficulty staying awake or being abnormally sleepy for several hours after the initial fall.
* Clear fluid leaking from the nose or ears – (possible cerebrospinal fluid).
* Bleeding from one or both ears.
* Bruising behind one or both ears.
* Any sign of skull damage or a penetrating head injury – if the Resident tells you that they bumped their head or is unable to communicate whether or not they did – their head should be thoroughly checked for any unusual bumps or cuts.
* A sudden inability to speak clearly or communicate in their usual way.
* A sudden inability to understand what is being said to them.
* Reading or writing problems that are out of the ordinary.
* Balance or mobility problems that were not apparent before the fall.
* Loss of power or sensation in a particular part of their body – that was not apparent before the fall.
* General weakness – not previously apparent.
* An onset of blurred vision, sight difficulty or double vision.
* The onset of a seizure.
* A loss of memory of the incident that would not have been a problem for them to remember previously.
* A persistent headache.
* Vomiting.
* Any significant unusual behaviour.

##### Check the person:

* Every 10 minutes for the first hour.
* Every hour until the service is closed. (handover to transport and inform family/carers)

| Time | Comment | Signatures |
| --- | --- | --- |
|  | Record time and initial details of accident / incident and immediate action taken. If the person does not initially require emergency treatment continue to record below for 24 hours. |  |
|  |
| **Follow up:** |
| 10 Minutes |  |  |
| 20 Minutes |  |  |
| 30 Minutes |  |  |
| 40 Minutes |  |  |
| 60 Minutes |  |  |
| 2 Hours |  |  |
| 3 Hours |  |  |
| 4 Hours |  |  |
| 5 Hours |  |  |
| 6 Hours |  |  |
| Further advice sought: Yes / No |
| Transport/ Family/ Carers informed: Yes/ No |