

## Falls

**Effective:** January 1, 2024  
**Replaces:** New

### 1. Routine Treatment

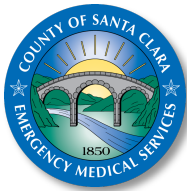
- 1.1. Routine Medical Care – Adult (700-S04),
- 1.2. Complete rapid trauma assessment
  - 1.2.1. If patient meets trauma alert criteria (**Policy 605**) follow the Trauma Care Protocol (700-A16) select the appropriate trauma center and transport immediately (**Policy 602**). Exceptions may apply to hospice/advance directive patients.
- 1.3. Control bleeding as appropriate
- 1.4. Spinal Motion Restriction (700-M11) as appropriate
- 1.5. Blood Glucose Level (BGL), if less than 60 mg/dL, treat for hypoglycemia (700-A03)
- 1.6. Assess for signs and symptoms of stroke and treat as appropriate (700-A13)
- 1.7. Assess for signs and symptoms of chest pain and treat as appropriate (700-A08)
- 1.8. Assess for signs and symptoms of cardiac dysrhythmia and treat as appropriate (700-A05; 700-A14)
- 1.9. If patient actively seizing, treat as appropriate (700-A02)
- 1.10. Assess for extremity fractures, dislocations, or sprains
  - 1.10.1. Consider pain management (700-S04) prior to stabilization and immobilization
  - 1.10.2. Elevate in neutral position
  - 1.10.3. Apply ice/cold packs to minimize swelling (do not apply directly to bare skin)
  - 1.10.4. Assess and reassess neurovascular status when manipulating or splinting fractures
  - 1.10.5. Suspected hip fractures not meeting trauma alert criteria can be transported to closest ED for evaluation

### 2. ALS Treatment

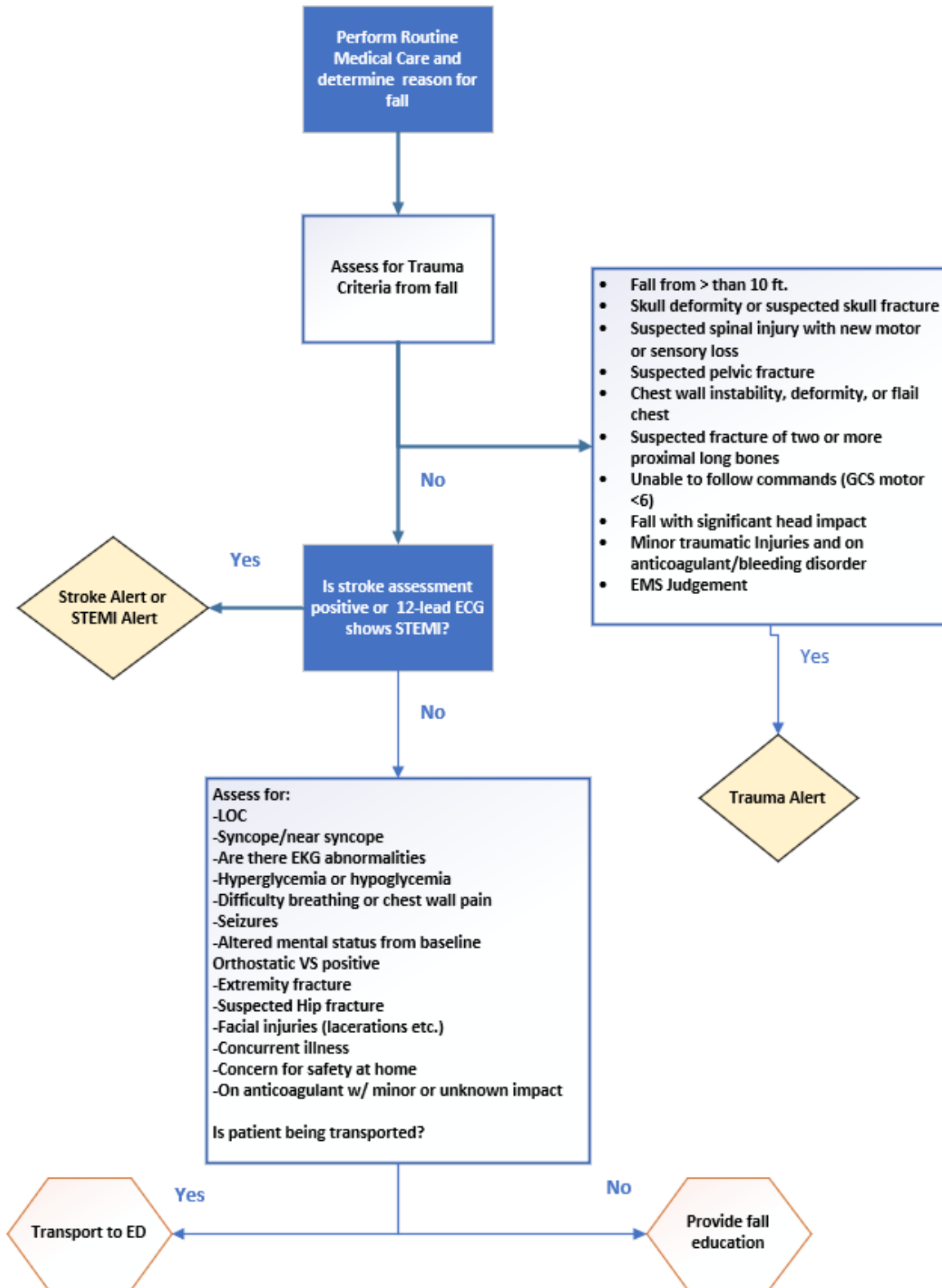
- 2.1. **Consider** Vascular Access (IV/IO)
  - 2.1.1. A second **IV** or **Saline lock** may be established as appropriate
- 2.2. **Consider** cardiac monitoring and obtain **12 Lead ECG**
- 2.3. **Consider 500mL Fluid bolus**, to maintain SBP greater than 90 mmHg

### 3. Special Considerations

- 3.1. Dizziness, loss of balance, and gait ataxia may indicate presence of stroke
- 3.2. Syncopal episodes in geriatrics can be due to cardiac dysrhythmias
- 3.3. Patients with bleeding disorders or taking anticoagulants are at an increased risk for cerebral hemorrhage. For patients whose head may have hit ground/object yet have no apparent injuries can be transported to closest ED for evaluation.
- 3.4. For patients who are not being transported (i.e., lift assist, stable and/or refuse transport) attempt to rectify falls risks such as floor clutter, throw rugs, walking devices in reach etc.
  - 3.4.1. Encourage a caregiver to remain with patient and monitor for changes in neurological status for at least 24 hours
  - 3.4.2. Provide fall education and consider referral to fall prevention program



4. Fall Flowchart



Protocol # 700-S06