

UNWITNESSED FALL

MODULE: CORE MEDICINE: CARE OF THE ELDERLY

TARGET: FY 1/2 & CT 1/2, NURSING STAFF

BACKGROUND:

<http://www.nice.org.uk/CG021>

RELEVANT AREAS OF THE CMT CURRICULUM

Core Medicine R.3, H.7; H.22.1; Falls & Head Injury		
Knowledge	Recall causes of falls and risk factors for falls	
	Knowledge of what's involved in the assessment of a patient with a fall & differential diagnosis	
	Recall the relationship between falls risk and fractures	
	Recall consequences of falls, such as loss of confidence and infection	
	State how to distinguish between syncope and fall	
	Recall the pathophysiology of concussion	
	Recall the Glasgow Coma Scale (GCS)	
	Outline the indications for urgent head CT scan as per national guidelines (e.g. NICE)	
	Recall the short term complications of head injury	
	Skills	Define the significance of a fall depending on circumstances, and whether recurrent, to distinguish when further investigation is necessary
Identify awareness of implications of falls and secondary complications of falls		
Commence appropriate treatment including pain relief		
Instigate initial management: ABC, cervical spine protection		
Assess and classify patient in terms of GCS and its derivative components (E,V,M)		
Take a focussed history and a full examination to elicit signs of head injury and focal neurological deficit		
Manage short term complications, with senior assistance if required: seizures, airway compromise		
Advise nurses on appropriate frequency and nature of observations		
Behaviour		Recognise the psychological impact to an older person and their carer after a fall
		Contribute to the patients understanding as to the reason for their fall
	Discuss with seniors promptly and appropriately	
	Relate the possible reasons for the fall and the management plan to patient and carers	
	Recognise advice provided by national guidelines on head injury (e.g. NICE)	
	Ask for senior and anaesthetic support promptly in event of decreased consciousness	
	Involve neurosurgical team promptly in event of CT scan showing structural lesion	
	Recommend indications for repeat medical assessment in event of discharge of patient from hospital	
Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately, and sensitively ensuring patients interests are paramount		

INFORMATION FOR FACULTY

LEARNING OBJECTIVES

Management of a fall

Management of head injury

Management of dropping GCS

SCENE SETTING

Location:	Elderly Care ward	Expected duration of debriefing:	40	mins
Expected duration of scenario:	20	mins		

EQUIPMENT AND CONSUMABLES

SimMan3G (on floor)
 Patient gown
 Sheets around SimMan
 Drug Chart
 Neurological Observation Chart
 Empty DNACPR form
 Arterial blood gas syringe
 IV cannulation equipment
 C-spine Neck Collar
 Spinal board/long-board
 Head blocks
 Zimmer frame
 Set of patient notes with documentation by night SHO
 CT Head image showing intracranial haemorrhage

PERSONNEL-IN-SCENARIO

FY1/2
 CT1/2
 Staff Nurse
 Staff Nurse

PARTICIPANT BRIEFING

Briefing to first participant e.g. staff nurse: Mr John Smith had a fall at 04:00 this morning. He fell and banged his head. The senior house officer was called to assess him, and organised for him to have CT Head. He also asked for neuro observations every 15 minutes. Would you be able to go and check up on him again?

FACULTY BRIEFING

'VOICE OF THE MANIKIN' BRIEFING

You are John Smith, an 86 year old man, who was admitted to the ward 5 days ago due to pneumonia. You have been making an uneventful recovery until now. This morning at 04:00 you got out of bed to go to the toilet, slipped over, and banged your head on the bed-side cabinet. Since the fall, you have had a CT scan of your head, and were put back to bed. You have become increasingly restless, to the point that you have fallen out of bed again, and banged your head again. At the start of the scenario, you are moaning, groaning and making incomprehensible sounds. After the first few minutes, you respond to voice. Once c-spine is immobilised, head blocks are on, and SimMan is placed on a long-board; you become unresponsive.

IN-SCENARIO PERSONNEL BRIEFING

Nurse (if faculty) –

Helpful and inexperienced. You are able to help with immobilising the c-spine when given clear instructions. You have not looked after Mr Smith before, as you have only just come onto shift after (morning) handover. You are able to record Mr Smith's Glasgow Coma Score if asked.

On-call radiologist (on phone) –

If rung to request a further CT head – ask for indication and timescale. If it is not made clear that the scan is to be requested for a further fall and drop in GCS you will become obstructive.

Medical Registrar (on phone) –

You are busy, and cannot come to help, but say to organise a CT Head, and ring the neurosurgeons for further advice. Says to give Vitamin K to reverse the warfarin (10mg IV) if not already suggested.

Neurosurgical Registrar (on phone) –

Helpful – you ask for the patient's name and hospital number, and can see the first CT scan. You ask for his medical history and co-morbidities. You say that another CT scan may be useful, but that he would not be a surgical candidate.

ICU Registrar (on phone) –

Helpful – asks for history, co-morbidities, says that he will discuss with his consultant, however it is unlikely that Mr Smith will be a candidate for ICU.

ADDITIONAL INFORMATION

Drug History –

NKDA

Warfarin 5mg

Clarithromycin 500mg TDS (for 5 days)

Ramipril 5mg OD

Bisoprolol 2.5mg OD

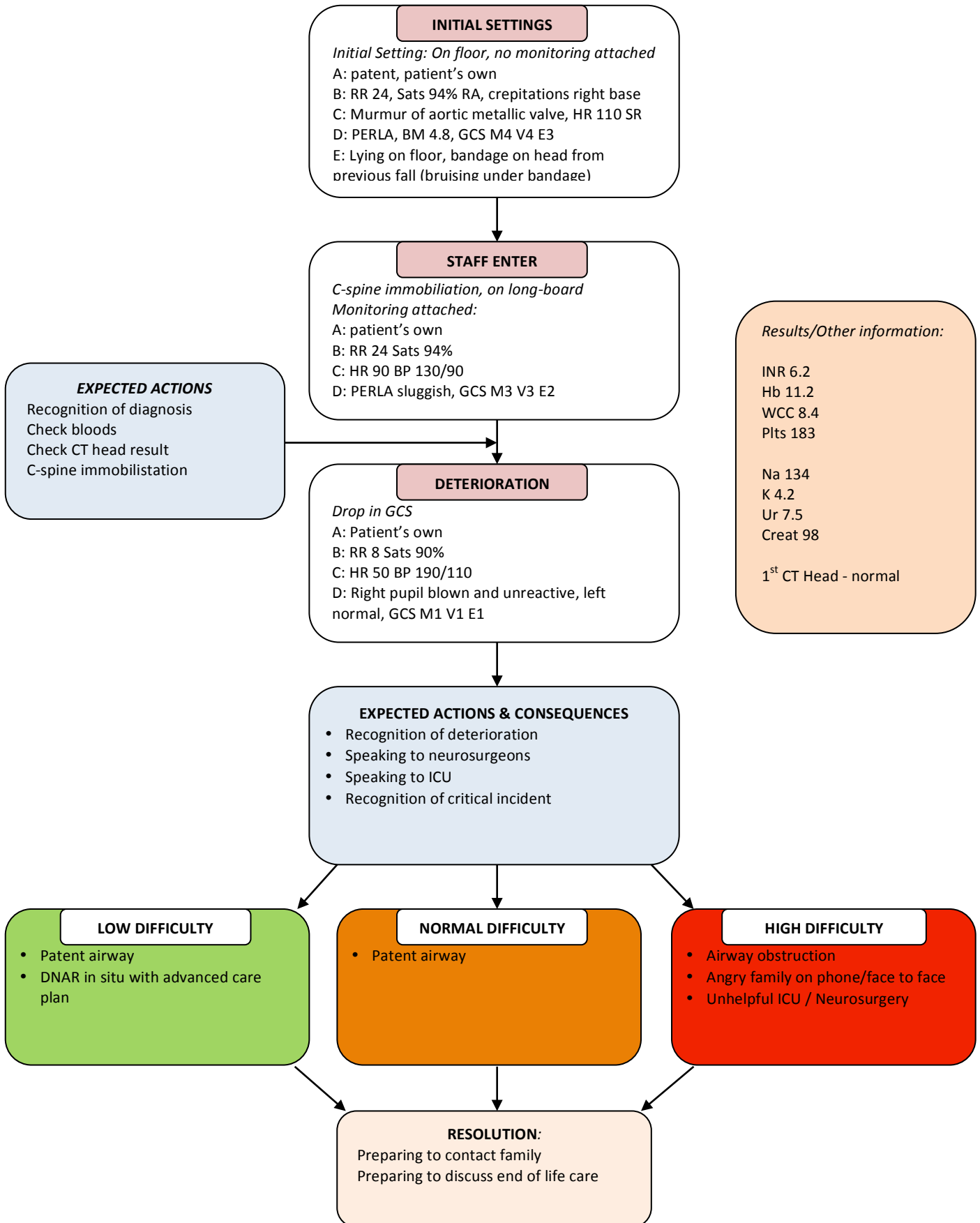
NKDA

Background for notes –

Frail, mobilises with frame, family concerned about how he is managing at home with QDS carers, concerns about cognition AMTS 5/10 on admission. Neglecting himself, and low mood since his wife died 9 months ago.

PMHx - Metallic aortic heart valve replacement. Congestive cardiac failure (LV 25%).

CONDUCT OF SCENARIO



DEBRIEFING

POINTS FOR FURTHER DISCUSSION

Management of a fall

Management of head injury

Management of dropping GCS

DEBRIEFING RESOURCES

<http://www.nice.org.uk/CG021>

GERIATRIC MEDICINE > SCENARIO 13

INFORMATION FOR PARTICIPANTS

KEY POINTS

Management of a fall

Management of head injury

Management of dropping GCS

RELEVANCE TO THE CURRICULUM

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FURTHER RESOURCES

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PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

PARTICIPANT FEEDBACK

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	<input type="checkbox"/>
Secondary Participant (e.g. 'Call for Help' responder)	<input type="checkbox"/>
Other health care professional (e.g. nurse/ODP)	<input type="checkbox"/>
Other role (please specify):	<input type="checkbox"/>
Observer	<input type="checkbox"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand more about the scenario subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have more confidence to deal with this scenario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The material covered was relevant to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.

FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?