

# “I STUMBLE” a falls assessment tool

## Intense Pain

- New Pain since Fall
- Includes Headache, Chest Pain and Abdominal Pain
- Consider both pain from injury caused by fall or medical causes

## Suspected Collapse

- Ask resident if this was a trip or collapse (do they remember falling)
- Any dizziness, sudden nausea or pain before the fall
- Includes “near fainting” episodes

## Trauma – to Head/Neck/Back

- New pain in Head/Neck or Back following the fall
- New visible or physical injury, lump or dents to head – with or without bleeding
- Any new numbness or paralysis in any limbs or face

## Unusual Behaviour

- New Confusion
- Acting Different to Normal Self e.g. agitated, combative, aggressive, sleepy, quiet
- Difficulty Speaking e.g. Slurred Speech, words mixed up, unable to verbalise objects, stuttering

## Marked Difficulty in Breathing/Chest Pain

- Severe shortness of breath, not improved when any anxiety is reduced
- Unable to complete full sentences
- Blue/Pale lips or fingers, becoming lethargic or confused
- New Onset of inability to mobilise/lay still without difficulty in breathing

## Bleeding Freely

- Free flowing, pumping or squirting blood from a wound
- Widespread swelling and bruising to face/head or injured limb
- Apply constant direct pressure to injury with clean dressing, elevate if possible
- Try to “estimate” blood loss, in mugful’s (often difficult)

## Loss of Consciousness

- Knocked Out
- Drifting in and out of consciousness
- Limited memory of events leading up to, during or after fall. (unusual for resident)
- Unable to retain or recall information, repetitive speaking (unusual for resident)

## Evidence of Fracture

- Obvious Deformity – e.g. shortened and rotated limb, bone visible, severe swelling
- Reduced range of movement in affected area
- Unusual movement in affected area

In all 999 cases remember to keep resident: **CALM, STILL & COMFORTABLE**

If any bleeding is present, apply constant pressure with a clean dressing