Geriatric Fall Care Bundle

Metric	Goal
Complete set of vitals including temperature	Obtained and documented
Assessment of Prodromal Symptoms	Symptoms prior to the fall assessed and documented
Assess for Stroke	Perform and document a Cincinnati Stroke Scale and posterior circulation assessment
Anticoagulant and/or Anti-Platelet Medications	Determined and documented
Spinal Motion Restriction (SMR)	Perform and document SMR when indicated
Pain Management	Pain assessment is performed and documented, and treatment initiated prior to patient movement
If transport refusal, assessment of ambulation	Assess and document patient's ability to ambulate at their baseline with pertinent assistive devices

Theory/Evidence

- **Complete set of vitals including temperature**: Geriatric falls have a broad differential and can be the presenting chief complaints for serious medical illness, including sepsis and cardiac issues. Abnormal vital signs (including temperature, if available) can give key information regarding differential diagnosis and help the clinician have higher index of suspicion for life-threatening illness. Vital sign abnormalities such as tachycardia and hypotension (defined as SBP$\leq$ 110 in the geriatric population) should prompt consideration of serious medical illness.
- **Assessment of Prodromal Symptoms:** Symptoms prior to falling can indicate a medical etiology of a suspected mechanical fall. Palpitations, dizziness, light-headedness, chest pain, and dyspnea are all examples of prodromal symptoms which may necessitate workup or treatments (e.g. blood glucose, EKG, vascular access, etc). A description of the fall should also be included in prehospital documentation.
- **Assess for Stroke**: Falls are often the result of weakness or loss of balance due to stroke. Screening for, and documenting a Cincinnati Stroke Scale, coordination using the finger-to-nose test, and assessing a patients gait are critical in identifying stroke and identify those patients for time-critical interventions.
- **Anticoagulant and/or Anti-platelet Medications**: The use of anticoagulants and/or anti-platelet medications increases the risk of internal and intracranial bleeding as a result of a fall. Patients taking these medications who experience a mechanical fall should be transported to the emergency department for more complete evaluation. Anticoagulants include Coumadin (Warfarin); Apixaban (Eliquis), Dabigatran (Pradaxa) and Rivaroxaban (Xarelto). Anti-platelet medications include Aspirin, Clopidogrel (Plavix), Edoxaban (Savaysa) and Ticagrelor (Brilinta).
- **Spinal Motion Restriction (SMR):** Spinal motion restriction should be performed when indicated - and documented when not - based on the history, mechanism of injury, and physical exam. Patients age ≥ 65 are at higher risk for significant spinal trauma with ground level falls and cervical spine "clearance" protocols are less sensitive in excluding injury in this age group and should be used with caution.
- **Pain Management:** Pain is often undertreated in the geriatric population. Patients with significant traumatic injuries (e.g. hip and humerus fractures) warrant non-pharmacologic and pharmacologic pain management interventions to minimize discomfort during movement, transport and subsequent Emergency Department evaluation.
- **Assessment of Ambulation:** Only half of geriatric fall patients are transported to the hospital. Screening for whether the patient is at their baseline ambulation status, including the use of any assistive devices used by the patient prior to the fall (e.g. walker, cane, etc) and whether the patient can get from sitting to standing independently, is critical in identifying any unappreciated or minimized injuries, ascertain potential traumatic injury or precipitating medical illness, and evaluate the patient's ability to remain at home safely.