### POST FALL GUIDE - PAEDIATRICS

**INFORMATION FOR CLINICIANS & HEALTH PROFESSIONALS**

#### IMMEDIATE RESPONSE

Assess the child & provide immediate care
- Baseline vital signs including neurological observations

**FOLLOW** Local Paediatric Clinical Emergency Response System (CERS) AND protocols
- Assess for presence of injury

**Notify the following**
- Medical team to request review of the child
- Parent/carer
- Nurse unit manager

#### OBSERVATION & MONITORING

**Observations:**
- Respiratory Rate
- Pulse
- BP
- Neurological observations
- SpO\textsubscript{2}
- Temperature
- Pain Score
- BGL (if indicated)

### HEAD INJURY

If there is a possibility that the child may have hit their head, commence neurological observations (hourly for 4 hours), then as clinically indicated. Clinical team to determine frequency and type of ongoing observations.

Refer PD2011_024: [Children & Infants - Acute Management of Head Injury Clinical Practice Guideline](#)

### STRATEGIES

Strategies for individual patients needs to be developed communicated and documented
- Engage child and their parents/carers in falls prevention interventions and development of care plan
- At clinical handover communicate high fall risk status and interventions in place and document in health care record
- Provide child and parents/carers with falls fact sheet [Falls Prevention Information for Parents and Carers](#)

#### DOCUMENT

- Document treatment, escalation process and outcome in the clinical record
- Document medical assessment, cause of fall & need for ongoing observations
- Reassess the child’s fall status using the fall risk assessment tool
- Complete IIMS report

**If HIGH RISK, communicate strategies to reduce risk at clinical handover.**