

Post-fall medication examination

Implementation toolkit

Post-fall management models

All organisations will need to develop their own approach to post-fall medical examinations dependent on the local context. This will include the professional backgrounds and skill-mix of healthcare professional who undertake post-fall medical examinations, the availability of specialist trauma expertise and the acuity of the setting.

See the supporting best and safe practice document for more detail on considerations for implementation of safe and high quality post fall management.

Implementation guide

Scoping the training requirements

The table below can be used to identify the competencies and training required and identify any gaps in current provision. Use this table to plan how training gaps might be filled. Add information about the staff groups to the column on competencies to reflect the different needs depending on profession and role.

Skill	Competencies		Training		What is required to adopt the chosen model (gap analysis)?
	Professional competencies already achieved: Consider who needs to perform this role?	New competencies needed for this skill	Covered in existing mandatory training programmes: Check all who may perform the role access this training	Not covered in existing training programmes: Note which programmes could be used	If no structure for competency development or an appropriate training programme is not available for this skill, consider how this might be addressed to ensure capacity to perform a full examination.
Handover (ward staff)					
Effective SBAR					
NEWS2 measurement and interpretation					
Primary survey (HCP who performs the medical examination)					
Basic life support: ABCDE, CPR, defibrillator, and recovery position					
Initial C-spine immobilisation and airway management					
Auscultation					
Cannulation					
Glasgow coma scale					
Pupil examination					
Screening of limb movements					
Exposure survey					
ECG interpretation					

Skill	Competencies		Training		What is required to adopt the chosen model (gap analysis)?
ABG / VBG collection and interpretation					
Secondary survey					
History taking					
Ordering imaging investigations (including IRMER if needed)					
Neurological examination					
Observation and examination of the head					
Observation and examination of the spine					
Observation and examination of the pelvis and hips					
Observation and examination of the ribs, sternum and clavicles.					
Observation and examination of upper and lower limbs.					

Skill	Competencies		Training		What is required to adopt the chosen model (gap analysis)?
Abdominal examination					
Screening and assessment of delirium					
Analgesia prescribing					
Evidence-based prescribing with considerations for specific injuries					
Monitoring of patients after fascio-iliaca block					
Use of tools to assess pain in people with cognitive impairment					
Anticoagulation prescribing					
Evidence-based decision making regarding anticoagulation					
General considerations					
Understanding when to seek support from senior decision makers					

Skill	Competencies		Training		What is required to adopt the chosen model (gap analysis)?
Patient-centred shared decision making					
Handover and documentation of findings further actions					
Trust procedure for reporting fall incidents					
Trust procedure for post fall debriefs					
Duty of candour actions					
Moving and handling					
Spinal immobilisation with collar, blocks and scoop board					
Use of flat lifting equipment					
Reviewing fall risk factors					
Multi-factorial assessment for optimising safe activity (MASA)					

Training resources

After conducting the gap analysis for training requirements, scope the ways in which your organisation could deliver training and achieve the additional competencies required for the staff groups expected to undertake these assessments. Much of this training will already exist as mandatory clinical training and some is available through education providers (such as E-Learning for Health). Other training may need to be designed for your organisation.

Skill	Suggested methods of delivery
SBAR	e-LfH Consider bespoke training
NEWS2 measurement and interpretation	e-LfH
ABCDE assessment	Basic and advanced life support (B/ALS) Medical training Advanced assessment training
Basic life support: CPR, defibrillator and recovery position.	Mandatory trust training
Initial C-spine immobilisation and airway management	Advanced life support training
Auscultation	HCP training Advanced assessment training
Cannulation	Cannulation training
Glasgow coma scale	Glasgow coma scale in e-LfH
Pupil examination	Medical training / advanced assessment training Consider bespoke training
Screening of limb movements	Medical training / advanced assessment training Consider bespoke training
ECG interpretation	Medical training / advanced assessment training
ABG / VBG collection and interpretation	
History taking	HCP training Advanced assessment training
Ordering imaging investigations (including IRMER if needed)	Medical training / advanced assessment training IRMER – e-LfH
Neurological examination	Medical training / advanced assessment training Glasgow coma scale in e-LfH Consider bespoke training
Observation and examination of the head	Medical training / advanced assessment training Consider bespoke training
Observation and examination of the spine	Medical training / advanced assessment training Consider bespoke training
Observation and examination of the pelvis and hips	Medical training / advanced assessment training Consider bespoke training

Skill	Suggested methods of delivery
Observation and examination of the ribs, sternum and clavicles.	Medical training / advanced assessment training Consider bespoke training
Observation and examination of upper and lower limbs.	Medical training / advanced assessment training Consider bespoke training
Abdominal examination	Medical training / advanced assessment training
Screening and assessment of delirium	e-LfH delirium module
Evidence-based prescribing with considerations for specific injuries	Medical training Independent prescribing for non-medical HCPs e-LfH e-pain modules
Monitoring of patients after fascio-iliaca block	Bespoke training
Use of tools to assess pain in people with cognitive impairment	e-LfH e-pain modules.
Evidence-based decision making regarding anticoagulation	Medical training Independent prescribing for non-medical HCPs
Understanding when to seek support from senior decision makers	Bespoke training based on trust procedures
Patient-centred shared decision making	Bespoke training based on trust procedures
Handover and documentation of findings further actions	Bespoke training based on trust procedures
Trust procedure for reporting fall incidents	Bespoke training based on trust procedures
Trust procedure for post fall debriefs	Bespoke training based on trust procedures
Duty of candour actions	Bespoke training based on trust procedures
Spinal immobilisation with collar, blocks and scoop board	Moving and handling training
Use of flat lifting equipment	Bespoke training using local equipment
Multi-factorial assessment for optimising safe activity (MASA)	RCP resources for vision assessment, Lying/standing BP and other aspects of MASA (resource repository)