SAFER 2 CLINICAL DECISION FLOW CHART

Follow steps until clinical decision reached

TRANSFER TO EMERGENCY DEPARTMENT

PRIMARY SURVEY

1

ASSESS ABC
Full assessment of ABCDE according to existing protocols (if at risk then transfer to ED mandatory)

Compromise found → YES → TRANSFER TO EMERGENCY DEPARTMENT

NO ↓

HISTORY

2

Relevant points which led to fall: dizzy spells, syncope episodes, recent illness/injury, chest pain, palpitations, SOB, mechanism of injury.

Positive response to questions which cause clinical concerns should be raised by:
- spending >2 hours on the floor;
- a significant change or worsening of symptoms e.g. chest pain, SOB, headache;
- a significant mechanism of injury e.g. falling down the stairs.

→ YES → TRANSFER TO EMERGENCY DEPARTMENT

NO ↓

PAST MEDICAL HISTORY
Note recent changes to medication: Change of drugs; dose change; recent withdrawal; check against list of "at-risk" drugs; consider advising patient to request GP review drugs plus frequency of previous falls

NO
Continue with assessment of patient

SECONDARY SURVEY

3

Examine for injury → Limb injury identified? Assess for look; feel; move. Incorporate examination of joint above and below injured part | Swelling, bony tenderness, deformity? → YES → TRANSFER TO EMERGENCY DEPARTMENT

NO ↓

HEAD
External evidence of injury to head? → YES → Check GCS, Warfarin → Reduced GCS when compared with normal function OR Warfarin → YES → TRANSFER TO EMERGENCY DEPARTMENT

Reduced GCS… NO → Continue with assessment of patient

HEAD NO ↓

EXAMINATION FOR ILLNESS
Is an obvious acute illness identified? → YES → TRANSFER TO EMERGENCY DEPARTMENT

NO ↓

CONTINUE TO 4 (EXAMINATION)

EXAMINATION

4

Undertake observations (if not already done so) including pulse, BP (lying and standing if possible), temperature, ECG, O2 sats, FAST test

Abnormal observations:
- >20mmHg drop in systolic BP (lying and standing);
- Abnormal ECG compared to what may be already known of patient;
- Abnormal temp., O2 Sats, BP, pulse, blood sugar according to normal protocols.

→ YES → TRANSFER TO EMERGENCY DEPARTMENT

NO ↓

MOBILITY

5

Assess mobility using the "get up and go" tool. Remember all assessments are relative to usual mobility and use of aids. Assessment of balance and dizziness also in relation to normal symptoms.

Independently weight bearing compared with normal function → NO → TRANSFER TO EMERGENCY DEPARTMENT

YES ↓

Reduced risk of fall? → NO → TRANSFER TO EMERGENCY DEPARTMENT

YES ↓

SOCIAL AND RISK ASSESSMENT

6

Assess and resolve where possible:
Trip hazards; mobility aids; level of care being provided; presence of alert systems; level of heat/ light; level of independence e.g. is the environment clean, do they have access to food and drink; increased frequency of falls (consider using this information if referring to falls service); psychological issues (anxiety, fear of falling).

Reduced risk? → NO → TRANSFER TO EMERGENCY DEPARTMENT

YES ↓

LEAVE AT HOME?

7

Consent to being left at home and referral to falls service? → NO → Agrees to transfer to ED? → YES → TRANSFER TO EMERGENCY DEPARTMENT

Agrees to transfer to ED? → NO → Consent for referral to falls service? → YES → Referral to falls service along normal pathway

Consent for referral to falls service? → NO → Needs to sign a 'refusal to travel' form

Consent to being left at home and referral to falls service? → YES → Referral to falls service along normal pathway: Advise patient/carer/family to call 999 if condition deteriorates, or further falls occur

Both outcomes → PATIENT STAYS AT HOME