Falls With Head Injury Order Set  
Duke MOVES Champions  
Tips Sheet

**Purpose**
The overall goal of this order set is to identify and escalate care for patient who might have sustained an intracranial hemorrhage (ICH) from a fall.

**Important to Know**
- This order set is to be initiated by providers for unwitnessed falls or the patient hit their head
- RN is to notify provider ASAP for unwitnessed falls and/or patient hit their head
- Provider review pt. meds. and history to determine if a high risk or low risk for bleed
- Follow the orders VS, assessment frequency and interventions
- Notify provider for decline in VS, any slight neuro assessment changes immediately
- Anticipate orders for a stat head CT & neurosurgery consult for decline in neuro status
- Team to discuss higher level of care for declining neuro status

**Assessments and when to notify Provider**

<table>
<thead>
<tr>
<th>Assessment tool</th>
<th>Notify Provider</th>
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<tbody>
<tr>
<td>Glasgow Coma Scale</td>
<td>Score below 15 or decline from baseline</td>
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<tr>
<td>Cincinnati Prehospital Stroke Scale</td>
<td>Any facial droop/ slurred speech/ arm drift</td>
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<tr>
<td>Headache (HA)</td>
<td>Increase in headache is indicative of an ICH</td>
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<tr>
<td>Change in Vision</td>
<td>Any change in vision, blurred, double or loss of vision are indicative of head trauma</td>
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<tr>
<td>Nausea or vomiting</td>
<td>Indicative of potential for ICH</td>
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**Post Fall Huddle**

- Perform huddle at bedside ASAP
- Include questions:
  - Was this an unwitnessed fall?
  - Did patient hit their head?
- Include patient/family if appropriate
- Follow the post fall Huddle form

Additional *Just in Time* Resources on the CEPD Website under "Falls Prevention / Duke Moves"