



# 'I STUMBLE'

## Intense Pain

- New pain since fall, including:
  - Headache, chest pain and abdominal pain
  - Consider both pain from injury caused by fall or medical causes

## Suspected Collapse

- Ask resident if, before their fall, they:
  - Tripped
  - Collapsed
  - Felt Dizzy
  - Felt Nauseous

## Trauma to Neck/Back/Head

- New pain in neck/back/head following fall
- New lump or dent in head with/without bleeding
- Any new numbness/paralysis in any limbs

## Unusual Behaviour

- New confusion
- Acting differently to normal self e.g. agitated, drowsy, quiet
- Difficulty speaking e.g. slurred speech, words mixed up, marked stuttering

## Marked Difficulty in Breathing/Chest Pain

- Severe shortness of breath, not improved when anxiety is reduced
- Unable to complete sentences
- Blue/pale lips, blue fingertips, becoming lethargic or confused

## Bleeding Freely

- Free flowing, pumping or squirting blood from wound
- Apply constant direct pressure to injury with clean dressing (elevate if possible)
- Try to estimate blood loss (per mugful)

## Loss of Consciousness

- Knocked out
- Drifting in and out of consciousness
- Limited memory of events before, during or after fall
- Unable to retain or recall information/repeating themselves

## Evidence of Fracture

- Obvious deformity e.g. shortened/rotated, bone visible, severe swelling
- Reduced range of movement in affected area
- Unusual movement around affected area

In all **999** cases remember to keep resident: CALM, STILL & COMFORTABLE

If any bleeding is present, apply constant direct pressure with a clean dressing

Source: West Midlands Ambulance Authority