



# Clinical Practice Guidelines: Trauma/Falls

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<b>Date</b>	March, 2026
<b>Purpose</b>	To ensure a consistent approach to the management of falls.
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
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<b>Author</b>	Clinical Quality & Patient Safety Unit, QAS
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This Clinical Practice Guideline (CPG) provides information and guidance for ambulance clinicians when attending patients who have fallen from equal to or less than a standing height. In instances that a patient has fallen from a greater distance, exhibits signs of major trauma, or the suspected cause of the fall is identified, management should be provided in accordance with the relevant CPG.

Annually, the Queensland Ambulance Service (QAS) attends approximately 125,000 fall-related incidents. A fall is an umbrella term encompassing slips, trips, stumbles and other events that result in a person coming to rest unintentionally on the ground, floor or other lower level. Falls and fall-related injuries can lead to significant functional decline, loss of independence, fear of falling and social withdrawal.<sup>[1,3]</sup>

Ambulance clinicians are uniquely positioned to provide holistic, patient-centred care to this patient cohort. All patients presenting to the QAS secondary to a fall should have a thorough history and clinical assessment performed. Including screening for sepsis, pressure injuries and delirium (4AT). Where appropriate, ambulance clinicians should provide education to patients and/or guardians about reducing falls risk and how to access relevant support services.<sup>[1-3]</sup>

## Clinical features



- Fractures
- Head injury
- Pain
- Reduction in mobility/function
- Soft tissue injuries (e.g., sprains, contusions, haematomas)
- Superficial injuries (e.g., laceration, skin tears, abrasions)



## Risk assessment

**Clinical examination and history should determine the following information:**

- Description of event (e.g., mechanism of the fall, preceding events, time fall occurred, whether the patient has mobilised on the floor). In instances where the cause of the fall is unclear, consider assessing patient for cardiovascular or neurological causes.

**Determine the patient's risk by considering the following:**

- Increased risk of injury:
  - Osteoporosis
  - Long-term corticosteroids
  - Extended period of immobility
- Increased risk of bleeding:
  - Anticoagulants and antiplatelets
- Increased risk of falls:
  - $\geq 65$  years of age
  - Sedatives and/or polypharmacy ( $\geq 4$  prescribed medications)
  - Impaired vision, balance or cognition
  - History of previous falls
  - Substance misuse
  - Frailty
  - Presence of environmental hazards (loose rugs, uneven surfaces, poor lighting)

## Additional information

- Ambulance clinicians should complete a Manual Tasking Risk Assessment prior to enacting any manual tasking interventions. Information on these assessments can be found in *CPG: Standard cares*.
- Patients taking anticoagulant and antiplatelet medication present a higher risk of bleeding post fall, ambulance clinicians should have a low threshold for transporting these patients to definitive care.
- Orthostatic hypotension is associated with an increased risk of falls and mortality. In cases of unexplained falls or collapse, assess postural blood pressure. A systolic drop of  $\geq 20$  mmHg or a diastolic drop of  $\geq 10$  mmHg is considered clinically significant. Patients presenting with orthostatic hypotension should be referred for further investigation.
- All patients who reside in a Residential Aged Care Home (RACH) should be considered a high falls risk. Where appropriate, consider RACH Support Service (RaSS) referrals. For further information contact the QAS Clinical Hub via the *QAS Clinical Consultation and Advice Line*.
- Where a patient has fallen or is at a high risk of falls, ambulance clinicians should consider completing a falls referral. Information on how to complete this referral can be found on the [QAS Portal](#).
- Falls are often linked to complex medical histories. In the setting of non-transport, ambulance clinicians can consider contacting the *QAS Clinical Consultation and Advice Line* for case specific advice prior to departing scene.
- The majority of patient's requesting QAS attendance following a fall are  $\geq 65$  years of age. Consider *CPG: The Older Patient* for more information on complexities associated with this cohort.

