**How to Handle Falls Like a Pro (Without Freaking Out)**
*Stay Calm. Chart Well. Notify Smart.*

**🧠 Introduction: When Gravity Wins, Don’t Lose Your Cool**

Falls in long-term care aren’t a matter of *if*, but *when*. Even with bed alarms, hip protectors, and enough non-skid socks to knit a parachute, residents fall. It's scary, it's stressful, and yes—*it’s your job to respond without freaking out.*

Handling a fall like a pro isn’t about avoiding the incident entirely (though prevention is key)—it’s about knowing exactly what to do *when it happens,* so you protect the resident **and** yourself.

**🚨 Step 1: Freeze That Scene — Safety First**

As soon as you're notified of a fall:

* **Do NOT move the resident.**
* **Stay calm.** (Your energy sets the tone for everyone.)
* **Assess surroundings**: check for hazards like wet floors, cords, or loose rugs.
* **Glance around the body** for visible injuries, bleeding, limb angles that scream “fracture,” or head trauma.

If the resident is alert, reassure them. If they’re not responsive? **Call for help immediately.**

**👀 Step 2: Quick, Smart Assessment**

Now it’s time to evaluate:

* **Level of consciousness**: Are they oriented? Drowsy? Confused?
* **Pain level**: Ask where it hurts—watch for guarding, grimacing, or refusal to move.
* **ROM check**: *GENTLY* test limbs unless you suspect a fracture.
* **Head injury?** Assume “yes” if there was any impact above the shoulders or they’re on blood thinners.

**Rule of thumb:** If in doubt, treat it like a *high-risk* fall until proven otherwise.

**☎️ Step 3: Notify Like a Pro—Fast, Clear, and Clinical**

Here’s who to call (in order):

1. **Nurse manager/supervisor**
2. **Primary care provider/on-call physician**
3. **Family/POA** (especially if injury is suspected)
4. **Facility incident reporting line or software**

When calling the provider, be ready with:

* What happened
* Current vitals
* What you observed (pain, behavior, injuries)
* Mental status
* Any interventions already performed
* Their anticoagulant status (if applicable)

Be confident, not frantic. You’re a nurse. You’ve got this.

**🧾 Step 4: Chart Like Your License Depends on It (Because It Does)**

Your documentation should paint a *clear*, *objective*, and *complete* picture. Include:

* **Who found the resident and when**
* **Where** and **how** they were positioned
* **Mental and physical assessment findings**
* **Resident’s statements** (“I slipped reaching for my walker”)
* **What you did and when**
* **Who you notified and at what time**
* **Orders received and interventions done**
* **Follow-up monitoring instructions**

Avoid vague phrases like "found on floor." Be descriptive:
✅ “Resident found lying on left side at foot of bed, alert and verbal, states, ‘I slipped getting up to use the bathroom.’”

**🧼 Step 5: Initiate Incident Report and Fall Protocols**

* Fill out the **facility incident report** immediately.
* Trigger **neuro checks** (if head hit or on anticoagulants).
* Start **post-fall huddles** or safety evaluations if required.
* Adjust care plan, update fall risk score, and notify therapy if needed.

Every fall should lead to some type of **root cause analysis**—what went wrong, and how to stop it from happening again.

**💡 Bonus Tips: What Pro Nurses Do Differently**

✅ **Stay cool** under pressure—even if everyone else is panicking.
✅ **Keep the resident’s dignity intact**—cover them, reassure them, involve them.
✅ **Debrief your team**—use the incident as a learning opportunity.
✅ **Back yourself up with solid documentation**—write as if a lawyer will read it (because one might).
✅ **Follow-up for 72 hours**—delayed symptoms happen, especially with head injuries.

**🕊️ Final Takeaway: Be the Calm in the Fall Storm**

Falls will happen. The question isn’t *if*—it’s *how you handle it*. When you stay calm, assess clearly, notify properly, and document like a professional, you protect your resident’s safety *and* your license.

**Because in long-term care, being fall-ready isn’t optional—it’s essential.**