RESIDENT FOUND COLLAPSED

Is the resident conscious?

YES

DO ASSESSMENT AS DESCRIBED BELOW

Is there an Advanced Care Plan? What is their CPR status? NFR?

NO

CALL GP AND/OR AMBULANCE: O2 if deemed appropriate < 4L/min

POSSIBLE CAUSES OF COLLAPSE

- Tachycardia, bradycardia, arrhythmia, heart defects, heart failure, heart attacks
- Vasovagal (common faint)
- Orthostatic hypotension
- Dehydration
- Hypo/hyperglycaemia
- Hypo/hyperthyroidism
- Stroke/TIA
- Epilepsy
- Anaemia
- Infection
- Medication/ alcohol
- Panic/anxiety attack
- Heat stroke
- COPD, emphysema, SOB, excessive coughing
- Inner ear problem

ASSESSMENT

- Response to stimuli (if loss of, or reduced consciousness)
- BP lying (and sitting if able), pulse, respiratory rate, O2 sat if available
- Capillary glucose
- Check for injury and treat: bleeding, cuts, grazes, limb deformity and swelling, palpate for pain and check for decreased range of motion (if conscious and able to actively move limbs)
- Temperature
- Orientation to time, place and person (compared to normal)

Is it a STROKE? Act FAST. Call GP and/or ambulance

- Events and circumstances prior to episode if available e.g. position, activity, predisposing factors, precipitating events
- Symptoms prior to, or at the onset of episode e.g. nausea, sweating, chest pain
- Details of episode e.g. duration, breathing patterns, movements
- End of episode e.g. pain, confusion, muscle aches, colour, injury, incontinence
- ECG if available
- Previous episodes
- Clinical history
- Medications

Revise Care Plan if frequent collapses – see ‘Fracture Prevention’ pg 21 to reduce injury in case of further collapse