Definitions of NAIF eligible injuries

If a patient sustains one or more of the following injuries as a result of an inpatient fall, they are eligible for NAIF data collection.

NAIF eligible injuries	Definitions
Head injury	Clinically significant head injury as a result of the fall including: Signs / symptoms of: > Concussion - symptoms without intracranial injury detected on CT > Seizures > Radiological evidence of: > Skull fracture > Subarachnoid haemorrhage > Contusions > Haematoma: subdural, epidural, intracerebral > Cerebral oedema > Haemorrhage progression > Traumatic venous sinus thrombosis. > Increased intracranial pressure A laceration to the head without facial / skull fracture or evidence of intracranial injury on imaging is **not** an eligible injury. Consideration should always be given to the potential for head injury in patients who sustain a laceration to the head after falling. However, if after investigations and observations, there is no fracture of intracranial injury, this is **not eligible** for NAIF data collection. Where there is uncertainty as to whether any of these findings were due to the inpatient fall (or were potentially present beforehand), clinical judgement should be used. If there was an existing head injury before the fall (i.e. Subdural haematoma) that increases as a result of the inpatient fall, this counts as a head injury and is eligible for the audit.
Spinal injury	Clinically significant injury to the spinal column or cord as a result of the fall which include: Signs / symptoms: > Associated with spinal cord or cauda equina damage including weakness, paraesthesia, altered muscle tone/reflexes, changes in continence > Radiological evidence of: > Fracture or dislocation of vertebra (If osteoporotic vertebral fracture without neurological involvement select 'vertebral fracture') > Damage to the spinal cord or cauda equina observed on imaging Where there is uncertainty as to whether any of these findings were due to the inpatient fall (or present beforehand), clinical judgement should be used. In the case of vertebral fractures and cord/cauda equina compression attributed to disease other than osteoporosis (i.e. metastatic cancer), use clinical judgement as to whether the signs and symptoms were triggered by the fall.
Hip fracture	> Intracapsular > Trochanteric > Sub-trochanteric
Femoral fracture	> Femoral shaft > Distal femoral (Fracture involving within 5cm above knee joint (=1 Muller square)) > Include periprosthetic fractures

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Vertebral fracture	> Alteration in vertebral body shape (vertebral deformity) > Wedge fractures causing anterior height loss > Biconcave fractures causing central compression of the end-plate regions and maintenance of anterior and posterior heights > Crush fractures: causing compression of the entire vertebral body
Rib fracture	> A fracture at any location on any rib including multiple fracture and flail chest > Include fracture dislocations
Humeral fracture	> A fracture at any location on the humerus > Include fracture dislocations and periprosthetic fractures
Distal forearm fracture	> A fracture at the distal radius or ulna (or both) including 'colles' fracture > Include fracture dislocations and periprosthetic fractures
Pelvic ring fracture	> A fracture at any location on the pelvic ring including pubic rami, acetabular and sacral fractures. > Include fracture dislocations
Any other fracture	> A fracture at any location other than those specific above > Include fracture dislocations and periprosthetic fractures

For all fractures, where there is uncertainty as to whether they were caused by the inpatient fall or whether it was present prior to the fall, use clinical judgement.