Head injury (**<24 hrs old**) in adult ≥16 years old presenting to TU/LEH

CT Head indicated?

NO → In the absence of **concerning signs** (see below)** the risk of clinically important injury is low. → Admit or discharge as per NICE Head Injury guidelines → During observation escalate any concerns to a Senior doctor as per NICE Head Injury guidelines.

YES → CT Head Normal

CT head abnormal

YES

ARE ANY OF THE FOLLOWING PRESENT?

- GCS<13
- Focal Neurology/abnormal pupils
- Extradural haemorrhage ≥4mm
- Subdural haemorrhage ≥8mm
- Intraparenchymal haematoma/contusion ≥8mm
- Diffuse SAH (IVH or circle of Willis/Sylvian fissure or blood in basal cisterns)
- Penetrating injury
- Depressed Skull fracture

NO → The following injuries require a minimum of 6 hours neuro-observation. They do not require routine neurosurgical referral

isolated simple linear closed undisplaced fracture
isolated SDH ≤4mm
isolated single intraparenchymal contusion/haematoma≤4mm
isolated Trace SAH (peripheral)

Discuss all other injuries as well as patients on clopidogrel or antioagulated with the neurosurgeon

YES

THE FOLLOWING FACTORS MAY FAVOUR CARE LOCALLY:

- The views of the patient, NOK and/or any power of attorney.
- Treatment escalation plans, and advanced directives
- Pre-existing frailty (e.g.*Clinical Frailty Score ≥4) ?
- Significant co-existing conditions where the patient may die within 12 months - use SPICT tool
- Underlying terminal or life limiting illness e.g. metastatic malignancy, end stage organ failure.
- A Devastating Brain Injury. (a traumatic brain injury assessed as an immediate threat to life or incompatible with good functional recovery AND where early limitation or withdrawal of therapy is being considered .

All other patients may be suitable for MTC transfer under automatic acceptance (agreed by the Senior ED physician).
The treating team may still decide that the patient should remain local.
The treating team are encouraged to discuss any case with the neurosurgeon where there are questions regarding suitability to transfer.

****CONCERNING SIGNS - discuss with neurosurgery**

- GCS ≤8
- CSF Leak
- Definite or suspected penetrating injury
- Seizure without full recovery
- Unexplained confusion persisting >4 hrs
- Deterioration in GCS
- Progressive focal neurology

*Clinical Frailty Scoring

- Not to be used in the following patients
  - <65 years
  - learning disabilities
  - Stable long term disabilities
- Score verified by 2 doctors (including 1 consultant)
- To score - Ask patients,carers, NOK, paramedics and care home staff regarding capability **2 weeks ago, not today**
- Patients acutely close to death or terminally ill score 9
- Patients with mild, moderate and severe dementia map to scores of 5, 6 and 7 respectively.

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