

Head injury

Observations/NEWS on TRAK

Read Patient Alerts



- ☒ Temperature
- ☒ Pulse
- ☒ Blood pressure
- ☒ Respiratory rate
- ☒ Oxygen saturations (on air or O2 %)

- ☒ Blood glucose
- ☒ AVPU and **GCS**
- ☒ Pupil size and reactivity
- ☒ Consider alcometer
- ☒ **PAIN SCORE**

Investigations

Discuss with senior staff: not all patients will require all investigations

- Use isolated head injury proforma if indicated (Head injury within 24 hours)
- Further examination: ears, nose, pupil size, eye movements, any wounds, blood/fluid from ears or nose?

Mechanical fall	Non-mechanical fall
-No routine bloods, unless on warfarin (INR) -Review any limb injuries ?X-rays	-Admission bloods (as per order set): FBC, U&E's, LFT's -INR if on warfarin -ECG



Treatments

Consider:

- Analgesia
- Antiemetic if required
- Manage external wound: pressure, dressing, primary closure if appropriate (glue, steristrips etc.)
- Clean wound when appropriate (Follow current wound cleansing guidance)

Red Flags

- **Persistent vomiting:** Vomiting that is continuous or that occurs without any respite between episodes.
- **Headache:** severe or increasing.
- **Suspected basal skull fracture:** Panda eyes, CSF leak from eyes or noses.
- **New confusion:** Development of agitation or abnormal behaviour.
- A sustained drop (**>30mins**) of **1 point in GCS**.
- Any drop of **> 3 points in eye opening or verbal**.
- Any drop of **>2 points in motor score**.
- **New or evolving neurological symptoms**.
- **Post traumatic seizure**.

Patient Presentation Cards			Version 1	Page 1 of 1		
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