



Name.....

D.O.B.....

Hospital No.....

## Adult Head Injury Proforma

Use this Proforma in conjunction with the Adult Head Injury Algorithm to make decisions on the need to perform cranial CT, it's timing and whether to admit for observation or discharge in adult patients (>15 years old) with a history of, or evidence of, direct trauma to the head.

<b>CT HEAD SCAN DECISION TABLE</b>		<b>Yes</b>	<b>No</b>
GCS < 13/15 in the A+E department at any time			
GCS < 15 when assessed in emergency department 2 hours after the injury			
Suspected open or depressed skull fracture			
Sign of fracture at skull base (haemotympanum, 'panda' eyes, cerebrospinal fluid leakage from ears or nose, Battle's sign)			
Post-traumatic seizure			
Focal neurological deficit			
> 1 episode of vomiting			
Any Coagulopathy (INR >1.5) or Therapeutic Anticoagulation/ Antiplatelet Agent (other than Aspirin) with worrying symptoms (headache, nausea, dizziness, LOC)			
<b>If YES to any of the above arrange immediate scan (to be performed within 1 hour)</b>			
Any Coagulopathy (INR >1.5) or Therapeutic Anticoagulation/ Antiplatelet Agent (other than Aspirin)			
History of amnesia or loss of consciousness since injury and amnesia of events >30 minutes prior to injury			
History of amnesia or loss of consciousness since injury and age over 65			
History of amnesia or loss of consciousness since injury and dangerous mechanism of injury*.			
<b>If YES in any of the shaded areas arrange an immediate scan (to be performed within 1 hour) if 0800-0000, otherwise admit and arrange scan 1st thing in morning.</b>			
Admitting Doctor	Signature	Date and Time	

\***Dangerous Mechanism** includes

- High speed road traffic collision
- Pedestrian/cyclist struck by a motor vehicle
- Occupant ejected from a motor vehicle
- Fall from a height > one metre or five stairs with some loss of consciousness or ( suspicion of amnesia )
- High speed injury from projectile



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OBSERVATION WARD HEAD INJURY ADMISSION TABLE		Yes	No
Initial management as per ATLS guidelines (Have other injuries been addressed? Wounds sutured?)			
<b>Imaging- Chart Overleaf must be Completed</b>	Immediate scan not required (use decision sheet)		
	Awaiting delayed CT scan (Only if between 0000 - 0800)		
	Unfit for discharge following CT scan (intoxication, vomiting, inadequate supervision in community)		
Imaging arranged according to NICE Head Injury Guidelines			
If on Warfarin INR checked and documented (Check drug list for and document anticoagulant and antiplatelet therapy)	INR		
If abnormal scan, discuss with neurosurgeon (and haematologist if coagulopathic) and document opinion.			
Requirement for HDU/ICU management (GCS <12/15, severe agitation)			
Requirement for acute surgical intervention to address other injuries			
Admitting Doctor	Signature	Date and Time	

**If you have ticked any of the shaded boxes, the patient is NOT suitable for admission to the A+E ward at this time. Discuss further with a Middle Grade or Consultant if you are uncertain what to do.**

If over 65 routine bloods, ECG and Urinalysis **MUST** be performed.

Who will review the test results?..... Time.....

VTE assessment completed (usually anticoagulation will be contraindicated)

Inpatient prescription completed (regular meds prescribed )

**A+E Ward admission agreed by:.....**  
 (Name and signature of Consultant/Middle grade)