Royal Alexandra Hospital & Inverclyde Hospital . Form for Assessment of

## **HEAD INJURY**

For all patients with a head injury under ED. Attach inside the ED card. For patients with anything but the simplest of presentations, other relevant information must also be recorded on the ED card.

Sticky Label or write details:		relevant inic	ormation r	must also be recorded on the ED card.					
Slicky Laber of write details.		Today's Date:							
			Time:						
			Date of injury:						
			Time of injury:						
Mechanism of injury:									
	No	Unsure	Yes	1					
> 65 years of age	NO	Unsure	163						
Alcohol consumption				Alcohol level if measured:					
Drug abuse				Specify Drug if known:					
Loss of Consciousness				How long?					
Amnesia Post Traumatic				How long?					
Amnesia Retrograde				How long?					
Seizure Since Injury				Describe:					
Headache				Describe:					
Nausea									
Vomiting				No of times?					
Visual Disturbance				Comment:					
Other Neuro Symptoms				If yes, describe:					
PRE EXISTING DISORDERS Relevant to HI, such as: epilepsy, diabetes, frequent falls, dementia, other medical/mental disorders									
Pre existing disorder Present?			-	Specify if present:					
Warfarin or coagulopathy									
EXAMINATION Neck Injury: evidence of	no	yes	Describe if abnormality						
BOS Fracture: clinical signs of									
Tympanic Membs abnormal									
Vault Fracture seen or felt									
Dysphasia									
Vision loss									
Limb Movements abnormal									
Gait abnormal									
Eye Movement abnormal									
Behaviour abnormal									
Pupils reacting abnormally									
CSF leak									

Lacerations, bruises, etc: indicate size in cms.				Treatment: indicate number of sutures, glue, etc						
GCS when examined			/4 M		V /5	GCS				
Lowest recorded GC					V	Time				
Imaging	Not needed	Done	R	esult						
C Spine X Ray										
Face X Ray										
CT Brain										
Have vo	ou given:		Not r	needed or N/A	٢	í es				
	or course star	ted								
Auvice Card (&	patient discharg		L							
For all admitted patients: Main Reason for admission:										
				<b>N</b> ( <b>1</b> - 1	147					
			Done	Not needed	Ward Nurses	please do				
CIWA scale prescription					Neuro Obs					
IV fluids chart					Hourly	Half Hourly				
Bloods done (inc. arrangements for results)				-						
Compulsory for ALL admissions:				<b>Doctors Sig</b>	nature:					
Drug Kardex										
Neuro obs: at least two sets done in ED.										
ED card: usual admission details including										
PMH, drugs, general examination, etc.				Print name:						