

EMERGENCY DEPARTMENT HEAD INJURY ADMISSIONS GUIDANCE

1) Head injured patients who do not clearly fulfil criteria for CT scanning and who are unable to be discharged or would not be better placed elsewhere may be admitted under the care of ED

2) All of the above patients should be reviewed by the duty ED middle-grade or consultant prior to admission

Strong consideration should be given to CT scanning from the department prior to a decision to admit

Patients with established poor mobility and / or multiple comorbidities with polypharmacy should be considered as high risk for a prolonged admission and be considered for admission to Medicine where an onwards DOME referral is likely to be required.

3) Children <3 are admitted to RHSC under the care of the surgical team – contact RHSC ED to discuss

4) Children >3 are admitted to RAH ward 15, adults to RAH ward 22

All patients should have a full history and examination and appropriate basic investigations undertaken with results reviewed and documented in the notes or a printout placed at the whiteboard

All patients should have a Kardex with analgesia / antiemetic and regular medications prescribed