

Under 2 years of age Injury Proforma



Affix patient data label

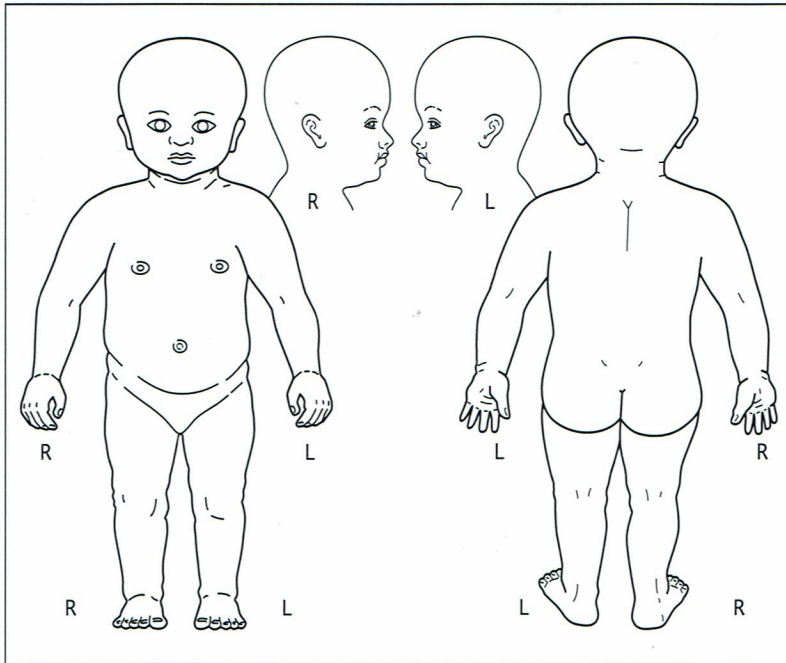
History from:

Injury witnessed by:

| | |
|---|--|
| Injury date / time: | Arrival Date / time: |
| Examination date / time: | Self <input type="checkbox"/> GP referral <input type="checkbox"/> NHS 24 <input type="checkbox"/> Ambulance <input type="checkbox"/> Other <input type="checkbox"/> |
| History of injury (use ED card if more space required) | |
| | |
| For Head Injuries NOT APPLICABLE <input type="checkbox"/> | |
| LOC Yes <input type="checkbox"/> No <input type="checkbox"/> | Drowsy Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Seizure Yes <input type="checkbox"/> No <input type="checkbox"/> | Rhinorrhoea / otorrhoea Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Vomiting Yes <input type="checkbox"/> No <input type="checkbox"/> | Limb weakness Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Details of previous ED attendances - please refer to Trakcare / Portal | |
| | |
| Pre-existing disorders | Birth history |
| | |
| Immunisations | Social history (including sibling details) |
| | |
| Drug therapy | Drug allergies |
| | |
| Is the child known to Social Services? | Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' record details on ED card. |

Examination

Head injury Examination Not Applicable



GCS: E M V

Pupils reacting: L R

Eye movements: L R

Cranial nerves: *Normal* *Abnormal*
 L R L R

Tone: *Normal* *Abnormal*
 L R L R

Power: *Normal* *Abnormal*
 L R L R

Cerebellar signs: Yes No

Boggy haematoma: Yes No

Lacerations: Yes No

Bruising: Yes No

CSF leak from ear: L - Yes No
 R - Yes No

CSF leak from nose: Yes No

Suspected fracture: Yes No

Evidence of neck injury: Yes No

Fontanelle: Normal Bulging / tense

OFC: cm

C spine movements: Normal Abnormal
 Immobilised

Examination details

Signs of Neglect Yes No If yes please detail on ED card

Investigations / Treatments

Diagnosis

Investigations / Treatments

Diagnosis

Injury consistent with the mechanism Yes No

Injury consistent with the development of the child? Yes No

Do you have any concerns regarding this child / family? Yes No

Was there an unexplained delay in presentation? Yes No

Is the history variable between accounts? Yes No

If you ticked any of the shaded boxes, please arrange CP review as per local policy.

Other professionals informed / Consider

GP Health Visitor Social Worker Other (specify):

Details:

Disposal: Admit Discharge

Print Name:

Signature:

Designation:

Date:

Additional notes on ED Card: Yes No