

DRAFT - SHROPSHIRE CCG HEAD INJURY GUIDANCE FOR CARE HOMES

RESIDENT NAME:	DATE OF BIRTH:	DATE:
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Is the resident:

- Unconscious or definite witnessed loss of consciousness
- Bleeding profusely / large wounds
- Obvious serious injury /severe pain in limb
- Neck pain or new weakness of limbs

Ring 999

and apply first aid whilst waiting

If none of the above applies then assess the resident as below ¹

If unsure then phone for medical advice as below **B**:

• Are they less alert than they normally are?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
• Is there any injury visible or that you can feel? <i>(check their head and especially the back of the head)</i>	NO <input type="checkbox"/>	YES <input type="checkbox"/>
• Have they vomited or felt nauseous (sick) since the injury?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
• Have they had a fit or a seizure since the head injury?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
• Is their memory for events before and after the incident affected? <i>(This cannot be assessed in those with dementia or communication problems)</i>	NO <input type="checkbox"/>	YES <input type="checkbox"/>
• Have they developed NEW problems moving their arms/ legs since the head injury?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
• Are they on medication such as warfarin or other anticoagulants that would increase the risk of bleeding or do they have any disorder affecting their blood such as anaemia?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
• Are they complaining of constant headache? <i>(Paracetamol can be given after a minor head injury if they are usually allowed it).</i>	NO <input type="checkbox"/>	YES <input type="checkbox"/>

A If **NONE** of the above apply (**NO** to **all** the above) and you are happy with the condition of the patient then:

- ✓ **Continue to observe** the resident regularly **and record observations**:
 - every 30mins for 2 hours, then
 - every hour for 4 hours, then
 - every 2 hours, for 12 hours, then
 - monitor regularly (e.g. 4 to 6 hourly) for a total of 72 hours
- ✓ **If they deteriorate** or you are not happy with the situation ring the GP in hours or Shropdoc out of hours: 08444 06 88 88 for advice from a clinician
- ✓ Consider why they fell and follow the falls guidance to document fully and evaluate (add falls guidance reference when available)

B If **YES** to any of the above contact the GP in hours or Shropdoc out of hours: 08444 06 88 88

- ✓ Be ready to describe how the accident occurred
- ✓ Have a list of their medical conditions, CHAS II care plan and medications they take ready to discuss
- ✓ The clinician calling will then decide on further action and how urgently this is needed

¹ Reference: <http://www.nice.org.uk/guidance/cg176> Head injury: Triage, assessment, investigation and early management of head injury in children, young people and adults

DRAFT - HEAD INJURY GUIDANCE NOTES

- The first box (red) at the top of the page is to identify situations in which the care staff should automatically call 999 for the resident to be taken to A+E. Most care staff would do this automatically for the majority of these signs (i.e. loss of consciousness, bleeding profusely).
- The "on warfarin/anticoagulant" may be less obvious to non-medical staff. NICE guidance recommends all patients with a Head Injury taking warfarin are scanned, however if there is only a minor graze for example, it is hoped common sense would be used. In this situation it would be appropriate for the carers to discuss with a clinician at their own surgery or Shropdoc OOH.
- Some residents at the end of their life or who are very frail and not suitable for secondary care may also need to be assessed more carefully with a clinician as it may not be appropriate to scan or act on any scan results.
- If none of these situations in the red-box apply, then the carer should answer the questions listed in the middle section of the form - if they answer "yes" to any of these then they should ring their GP or Shropdoc to discuss whether:
 - ✓ A+E is appropriate
 - ✓ Or if best to assess them
 - ✓ Or whether the GP or Shropdoc should be consulted
- If all of the questions are answered "no" and the carers are happy with the state of the resident then regular monitoring is recommended as per NICE guidance.
- "Having a fit or seizure" is identified in the middle section rather than putting in the red box as many carers can identify a grimace or blink or other movements a seizure; so this would need further evaluation by a clinician. However, if the resident was having a generalised seizure of any length of time then 999 would be called.

NB: These notes can be printed off, laminated and displayed for staff.