



= YES    = NO

(PLACE PATIENT LABEL HERE)

SURNAME: \_\_\_\_\_ NHI: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      SEX: \_\_\_\_\_

## MINOR HEAD INJURY GCS ≥ 13

Date:    /    / 20      Time:      Clinician:       NP    CNS    HS    Reg    SMO

### HISTORY AND PRESENTING COMPLAINT

Mechanism:

*Beware of injuries caused by weapon e.g. Baseball bat or hammer. High risk for skull #*

LOC  No    Yes:

Amnesia  No    Yes:    Retrograde    Anterograde

Headache  No    Yes:

Seizure  No    Yes:

Nausea / vomiting  No    Yes:

Visual Δ  No    Yes:

Dizziness  No    Yes:

Tinnitus (new)  No    Yes:

*Remember to investigate the cause of collapse, if that preceded the head injury*

### MEDICAL HISTORY

Nil relevant

Previous concussion / head injury

### MEDICATION / ALLERGIES

Nil regular

Anticoagulants  Warfarin    Dabigatran    Clopidogrel    Other anticoagulants e.g. Rivaroxaban

Aspirin

No known allergies   **ALLERGIES:**

### FUNCTIONAL & SOCIAL HX

Independent  Yes    No:    Smoker:

Smoking history  Non smoker    IVDU    ETOH

Occupation

Living situation

*To be discharged in the care of a responsible adult*

SFV  Completed

*Document on nursing assessment sheet*



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<b>VITAL SIGNS</b> <input type="checkbox"/> Within normal limits	BP _____ mmHg	Resp Rate _____ min	Pain score ____ /10
	Pulse _____ bpm	SPO2 _____ %	
	Temp _____ °C	<input type="checkbox"/> Air <input type="checkbox"/> NP <input type="checkbox"/> Hudson: ____ /min	
<b>General</b>	<input type="checkbox"/> NOT distressed		
<b>Pain</b>	<input type="checkbox"/> None <input type="checkbox"/> Mild 1-3 <input type="checkbox"/> Moderate 4-7 <input type="checkbox"/> Severe 8-10		
<b>Intoxicated</b>	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate		

**EXAMINATION**

**CVS**       Warm and well perfused

Pulses  Normal

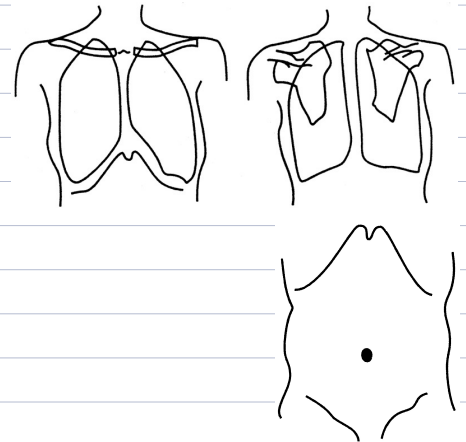
Heart sounds  Normal

**Respiratory**

Breathing work  Normal

Breath sounds  Vesicular

Added sounds  No    Yes:



**ABDOMEN**

Palpation  Soft

Tender  No    Yes:

**HEAD**

*Look for new weakness / focal neurology*

Periorbital ecchymoses  No    Yes:

Mastoid ecchymoses  No    Yes:

CSF leak  No    Yes:

Haemotympanum  No    Yes:

Open #  No    Yes:

Boggy haematoma  No    Yes:

Palpable depression  No    Yes:

**FACE**    Maxilla  Not tender    Tender

Zygomatic arch  Not tender    Tender

Infraorbital nerve  Intact

Mouth  Normal

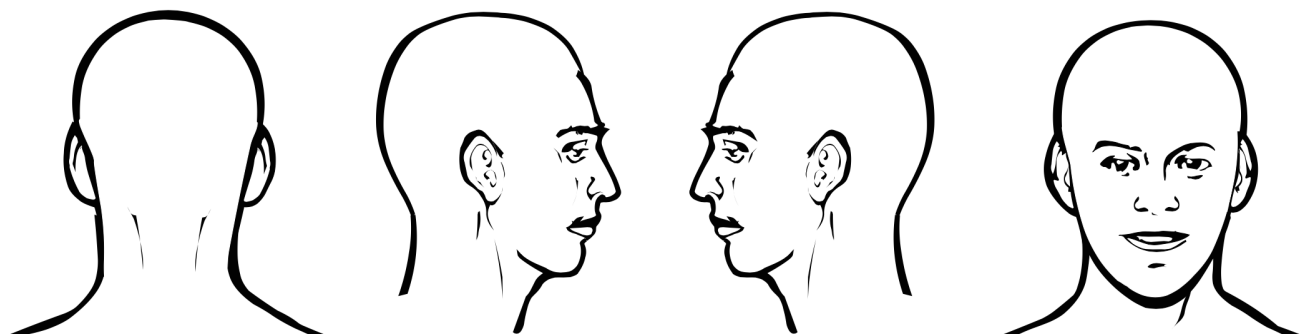
**EYES**    Hyphaema  None

Pupils  Normal

**NOSE**    Fracture  None

Septal haematoma  None

Epistaxis  None



P - Pain    T - Tenderness    C - Contusion    S - Skin tear    A - Abrasion    L - Laceration    # - Fracture



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**NEUROLOGICAL EXAMINATION**

GCS    /15    E: \_\_\_\_ V: \_\_\_\_ M: \_\_\_\_     Alert    Orientated to:  time    place    person

Cranial nerve II  Normal vision

PEARL

III, IV, VI  FROEM LR6, SO4

V  Normal Facial sensation. Motor masseter, temporalis

VII  Normal Facial movements

VIII  Normal Hearing, Rinne, Weber

IX, X  Normal Gag, swallow

XI  Normal Shoulder shrug

XII  Normal Tongue protrusion

Power  Normal in all myotomes

Sensation  Normal in all dermatomes

Coordination  Normal

Reflexes  Normal

Gait  Normal



Plantar reflex:    ↓   ↑   ↓   ↑

Clonus:    -   +   -   +

0 Absent  
± Reduced  
+ Average  
++ Brisk Normal  
+++ Pathological

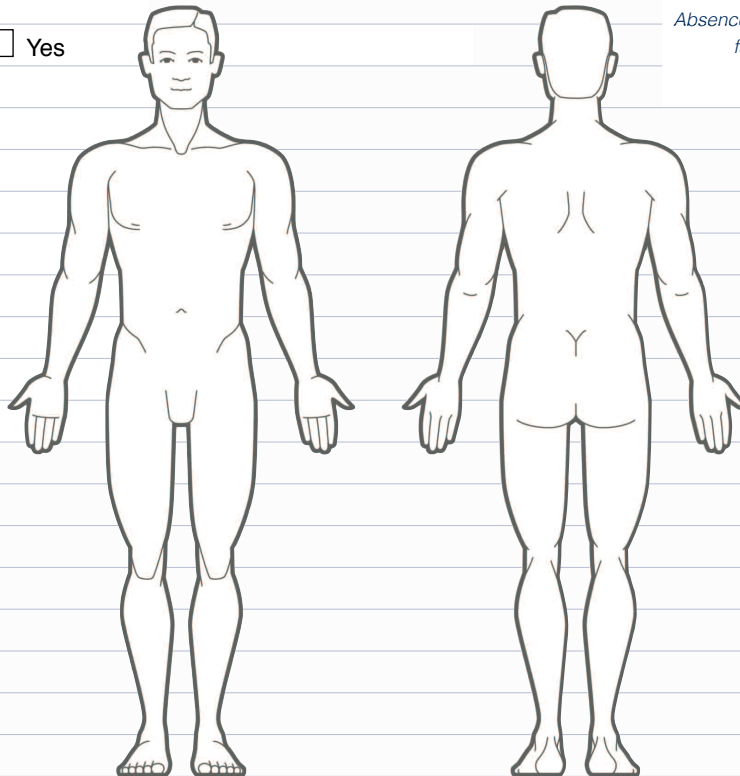
**MUSCULOSKELETAL / OTHER**

**C-SPINE**

Midline tender  No    Yes

Motion range  Normal

Absence of midline tenderness is a low risk factor (See C-spine injury Best Care Bundle)



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**RESULTS**

HAEMATOLOGY		BIOCHEMISTRY		COAGS		URINE MSU / CSU	
Hb		Na <sup>+</sup>		INR		Nitrates	
WCC		K <sup>+</sup>		APTT		Leuc est	
PL		Gluc				WCC	
		Creat				RCC	



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**CLINICAL IMPRESSION / DIAGNOSIS**

Impression  Minor head injury  
 Normal neurology  Abnormal neurology:

Other problems

**IMAGING**  None indicated *Imaging indications: BCB Pathway: CT Head p1 C-spine p4*

CT head  Requested **RESULT:** Time:  
C-spine  Plain films  CT

Report:  Verbal  Formal

Films reviewed with Dr: \_\_\_\_\_ SMO

**PLAN / NURSING INSTRUCTIONS**

Observations  Abbreviated Westmead repeat please *Document p2 Best Care Bundle pathway*

ADT  Requested  Completed

Wound care  Requested  Completed

*Discharge criteria & checklist page 3 BCB pathway*

Discharge:  Head injury advice sheet provided and discussed - *highlight graduated return to sport*

Car  Phone  In care of responsible adult

Admit:  General Surgery  Neurosurgery Dr: \_\_\_\_\_ time: \_\_\_\_\_

**Clinician Name:** \_\_\_\_\_ **Designation:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Contact details:** \_\_\_\_\_

*For junior staff:*  Discussed with  Reviewed by SMO: \_\_\_\_\_