Adult head injury

If any of the following RED FLAG presentations:

- GCS < 13
- Post-traumatic seizure
- Vomiting
- Evidence of basal skull fracture (panda eyes, bruising behind ears, discharge from nose/ears)
- Amnesia pre-event > 30 minutes
- A LOC or amnesia, plus ANY ONE of the following:
  - Over 65 years old
  - On warfarin
  - History of significant mechanism:
    - Pediatric / cyclist vs car
    - Ejection from the vehicle
    - Fall >1 metre or >5 stairs
- Significant bleeding from scalp laceration
- Evidence of other significant injuries (chest / abdomen / pelvis / long bones)
- Injury sustained from collapse due to other significant pathology (abnormal ECG, leaking AAA, GI bleed)

1) Consider whether C-spine immobilisation is necessary (especially if GCS <15/15). If in doubt, seek advice
2) Apply a wrist band. If other injuries are suspected, fully undress and apply gown
3) Record vital signs: BP, HR, RR, SpO₂, Temp, GCS, BM, Pupils
   Commence Obs Chart and complete Early Warning Score - follow ED Escalation Plan
4) Perform pain score and give analgesia as needed
5) If a red flag is present perform cannulation and take FBC, UE, Clotting
   - Plus INR if warfarinised
   - Plus G&G if significant blood loss/ concern re associated injury/ mechanism
6) Perform ECG in patients who have collapsed and those > 65 years
7) Identify any wounds that will require treatment and inform theatre nurse
8) If other injuries are present that may require x-ray, get doctor to assess and request x-rays

Any tasks NOT completed within IAU should be handed over verbally to the team and placed on NURSE ORDERS

Alert senior doctor
(Require urgent CT head +/- treatment)