

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 > 30minutes**
- **A LOC or amnesia, plus ANY ONE of the following:**
 - **Over 65 years old**
 - **On warfarin**
 - **History of significant mechanism:**
 - **Pedestrian / cyclist vs car**
 - **Ejection from the vehicle**
 - **Fall >1metre 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)**

**Alert senior
doctor**

(Require urgent
CT head +/-
treatment)

- 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&S** 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