

Head Injury

For use by healthcare professionals only



Healthier Together



Clinical Assessment/Management Tool for Children

Primary and Community Care Settings

Suspected/Observed Head Injury

Suspected/Observed Head Injury		Always consider Safeguarding	Red Flags
History <ul style="list-style-type: none"> • When? Mechanism of injury? • Loss of consciousness? Vomiting? Fitting? Persisting dizziness? Alertness? • Amnesia (anterograde /retrograde)? • Worsening headache 	Examination <ul style="list-style-type: none"> • Assess conscious level—GCS or AVPU • Confused or repetitive speech? • Skull integrity (bruises, wounds, boggy swelling) and fontanelle assessment • Signs of base of skull fracture • Signs of focal neurology • Cervical spine • If under 3 years, undress and examine fully 	Are there safeguarding concerns (e.g. delay in presentation; injury not consistent with history or age/developmental stage of child)? <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> Contact child protection/social services team </div>	<ul style="list-style-type: none"> • Symptoms or signs suggestive of potential life threatening injury (see table below) • Dangerous mechanism of injury - High speed road traffic accident, >3m fall from height, high speed injury from a projectile or other object • Any current bleeding or clotting disorder • Amnesia lasting for more than 5 minutes • Safeguarding concerns

Assessment Table

	GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
Nature of injury and conscious level	<ul style="list-style-type: none"> • No loss of consciousness • Child cried immediately after injury • Alert, interacting with parent, easily rousable • Behaviour considered normal by parent 	Mechanism of injury: <ul style="list-style-type: none"> • fall from a height > 1m or greater than child's own height • Alert but irritable and/or altered behaviour 	Dangerous mechanism of injury: <ul style="list-style-type: none"> • Considered dangerous (see in red flags above) • GCS < 15 / altered level of consciousness (V-P-U on AVPU) • Witnessed loss of consciousness lasting > 5mins • Persisting abnormal drowsiness • Post traumatic seizure
Symptoms & Signs	<ul style="list-style-type: none"> • No more than 2 episodes of vomiting (>10 minutes apart) • Minor bruising or minor cuts to the head 	<ul style="list-style-type: none"> • 3 or more discrete episodes of vomiting (>10 minutes apart) • Persistent or worsening headache • Amnesia or repetitive speech • A bruise, swelling or laceration of any size 	<ul style="list-style-type: none"> • Skull fracture – open, closed or depressed • Tense fontanelle (infants) • Signs of basal skull fracture (hemotympanum, 'panda' eyes, CSF leakage from ears/ nose; Battle's sign (mastoid ecchymosis) • Focal neurological deficit
Other		<ul style="list-style-type: none"> • Additional parent/carer support required 	<ul style="list-style-type: none"> • Clotting disorder

Action Table

Green Action	Amber Action	Red Action
<ul style="list-style-type: none"> • Provide written and verbal advice on head injury page • If concussion, provide advice about graded return to normal activities • Think safeguarding 	<ul style="list-style-type: none"> • Send to ED for further assessment • Think safeguarding 	<ul style="list-style-type: none"> • Refer immediately to emergency care by 999 • Alert ED team • Continuous observation • Think safeguarding