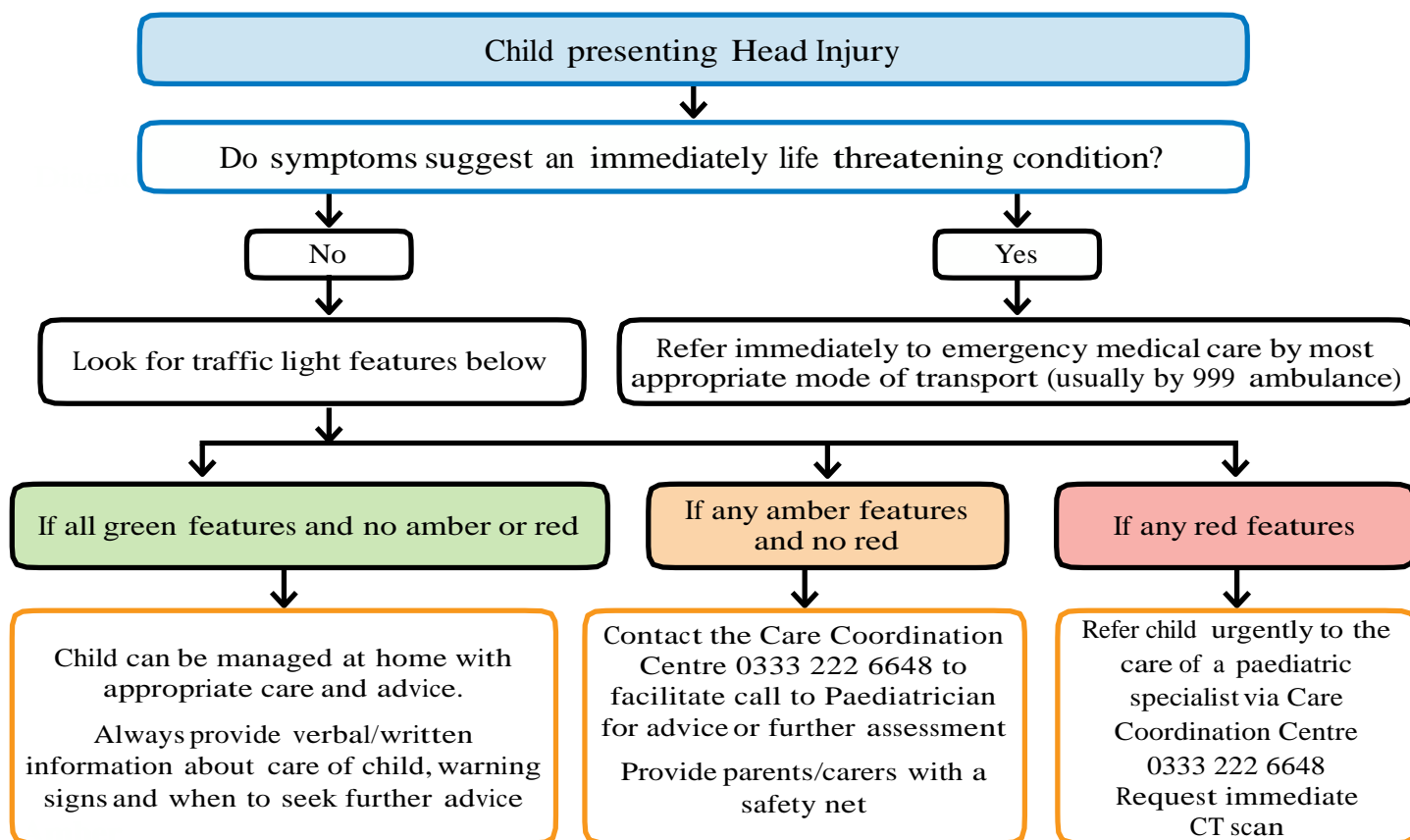


Clinical Assessment Tool

Head Injury



Green	Amber	Red
Has not been knocked out at any time	Has fallen from a height greater than the child's own height	Witnessed loss of consciousness lasting more than 5 minutes
Is alert and interacts with you	Has fallen from a height greater than a metre	Amnesia lasting more than 5 minutes
Has been sick but only once	Has fallen down stairs	Abnormal drowsiness
Has bruising or minor cuts to the head	Has had a persistent headache since the injury	3 or more discrete episodes of vomiting
Cried immediately but is otherwise normal	Has a blood clotting disorder	Clinical suspicion on non-accidental injury
15 on GCS	Has consumed alcohol	Post traumatic seizure but no history of epilepsy
		Age > 1 year: GCS < 14 on assessment
		Age < 1 year: GCS (Paediatric) < 15 on assessment
		At 2 hours after the injury, GCS less than 15
		Suspicion of open or depressed skull injury or tense fontanelle
		For children under 1 year, presence of bruise, swelling or laceration of more than 5 cm on the head.
		Any sign of basal skull fracture (haemotympanum, "panda" eyes, cerebrospinal fluid leakage from ears or nose, Battle's sign)
		Focal neurological deficit
		Dangerous mechanism of injury (high speed road traffic accident, fall from >3m, high speed injury from a projectile or an object)

Glasgow Coma Scale – assess child against scale. The lowest possible GCS (the sum) is 3 (deep coma or death), while the highest is 15 (fully awake person).

	1	2	3	4	5	6
Eye	Does not open eyes	Opens eyes in response to painful stimuli	Opens eyes in response to voice	Opens eyes spontaneously	N/A	N/A
Verbal	Makes no sounds	Incomprehensible sounds	Utters inappropriate words	Confused, disoriented	Oriented, converses normally	N/A
Motor	Makes no movements	Extension to painful stimuli (decerebrate response)	Abnormal flexion to painful stimuli (decorticate response)	Flexion / Withdrawal to painful stimuli	Localizes painful stimuli	Obeys commands

When you feel a GP review in a specific time period is clinically appropriate but that falls outside of the 'in hours' GP service please advise your patient/family to call NHS 111 (at an agreed time interval / level of deterioration – depending on your concerns) and advise that there is a 'predetermined plan to speak with an Out of Hours GP'. Please provide your patient / family with a letter detailing your clinical findings and concerns to help the Out of Hours GP assessment.

This guidance is written in the following context

This assessment tool was arrived at after careful consideration of the evidence available including but not exclusively use BTS Guidelines and NHS evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

