Queensland			(Affix identification label here)			
Government			URN:			
Closed Head Injury <i>(Adult)</i> Clinical Pathway			Family name:			
			Given name(s):			
For all emergency prowith a closed hea			Address:			
acility:						
<u> </u>			inical pathway must be varied ♥ if not clinically appropriate for the individual			
patient.						
<u> </u>			supply a sample of their initials and signature below)			
nitial Print Name Designa	ation	Sig	nature Initial Print Name Designation Signature			
sitial accomment. Deter		,	Time Intelligence			
nitial assessment Date:		/ /				
Date and time of symptom onse Document in clinical record:		y / c-sp				
Document in clinical record.	All WC	iy / C-sp	The			
egend S Enter time completed	d 🙇 l	nitial whe	en completed ODocument variance on page 2 Progress Notes (overleaf)			
lisk Stratification			High Risk Head Injury			
'yes' to any, consider high risl	K .		► Airway maintenance and/or			
tratify as low risk if 'no' to all.		Yes	C-spine protection - Ongoing clinical observations - Coagulation studies			
✓ <u>`</u>	Yes No	to ANY	Notify senior medical officer			
nticoagulant / Antiplatelet erapy (including aspirin)		"""				
	-	-	Indications for early CT: CT normal CT abnormal / CT unavailable			
ge over 65 years	_	-	Deterioration in GCS Clinical suspicion of skull			
nown coagulopathy g. liver disease, factor deficiency)			fracture Telephone neurosurgical service for advice <i>or</i>			
oss of consciousness > 5 mins			Post traumatic seizure Telephone RFDS / RSQ			
angerous mechanism of injury			Focal neurological deficit (1300 799 127) for transfer options. Anterograde or retrograde Document advice.			
ost traumatic seizure	+	-	amnesia > 30mins			
-	-	-	Persistent abnormal GCS<15 2hrs post injury			
ersistent GCS < 15 at 2 hrs post jury			Other clinical concern Admit / transfer patient:			
eterioration in GCS	i	1	Admitted Transferred Discharged (see page 2)			
linical suspicion of skull fracture		-	No to all Yes to any			
·	-	-				
nwitnessed head injury	_		Low Risk Head Injury			
nown previous neurosurgery nd/or neurological impairment			· · · · · · · · · · · · · · · · · · ·			
toxicated (alcohol and or other ugs)		No to	Airway maintenance and/or C-spine protection Perform and record clinical observations on Neurological Observations Chart			
ocal neurological deficit	1	ALL	4 hours Observations GCS and orientation remain appropriate for culture			
		1	post and previous function			
ersistent vomiting		-	Absence of persistent vomiting or severe headache Absence of persistent post-traumatic amnesia			
-						
ersistent vomiting ersistent severe headache		_	No other clinical concerns S : S			
-			No allow divised assessment			
ersistent severe headache ersistent abnormal level of ertness, behaviour and/or		-	No other clinical concerns : No to any Discharge when clinically safe to appropriate Refer to most senior medical			
ersistent severe headache ersistent abnormal level of ertness, behaviour and/or ognition ulti-system trauma elayed presentation or			No other clinical concerns Yes to all Discharge when clinically safe to appropriate social environment with responsible person Refer to most senior medical officer and re-stratify to high risk			
ersistent severe headache ersistent abnormal level of ertness, behaviour and/or ognition ulti-system trauma elayed presentation or e-presentation			No other clinical concerns : No to any Discharge when clinically safe to appropriate Refer to most senior medical			
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TAKE	
*	Queensland
	Government
2000	GOVERNMENT

Closed Head Injury (Adult) Clinical Pathway

	(Affix identification la	abel here	e)			
URN:						
Family name:						
Given name(s):						
Address:						
Date of birth:		Sex:	М	F	П	

		Date of birth:	Sex:	M	F	
Discharge					Time	Initial
Following of should be represented haemorrhaged Give patien	t / carer Queensland Health Emerge discharge, patients on anticoagular eferred for follow-up within 72 hours ge t / carer discharge letter nto care of a responsible adult	nts, known coagulopathy or bleedi	ng dis	order		
Clinical Eve	nts / Variance / Progress Notes					
Date / Time	Describe variances to clinical pathw Document as Variance / Action / C	vay and any other patient related not Outcome	es.			Initials