



Queensland Government

# Closed Head Injury (Adult) Clinical Pathway

For all emergency presentations with a closed head injury

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

Facility: .....

Clinical pathways never replace clinical judgement. Clinical pathway must be varied  if not clinically appropriate for the individual patient.

### Signature Log (Every person using this pathway must supply a sample of their initials and signature below)

Initial	Print Name	Designation	Signature	Initial	Print Name	Designation	Signature

**Initial assessment** Date: / / Time Initial

1. Date and time of symptom onset or accident \_\_\_/\_\_\_/\_\_\_ : \_\_\_ hrs  unknown

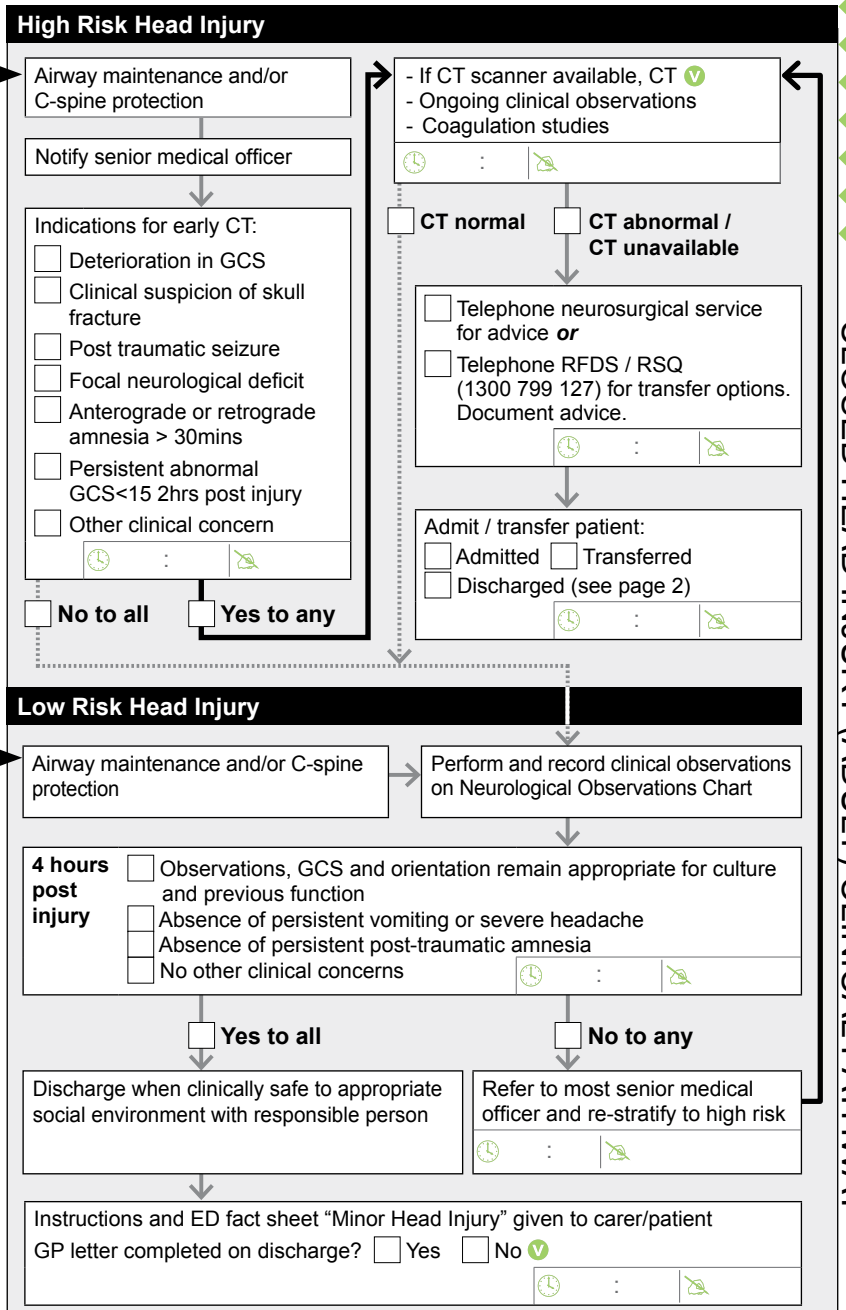
2. Document in clinical record:  Airway / c-spine  Breathing  Circulation  Disability

**Legend** Enter time completed Initial when completed  Document variance on page 2 Progress Notes (overleaf)

### Risk Stratification

If 'yes' to any, consider high risk.  
Stratify as low risk if 'no' to all.

	Yes	No
Anticoagulant / Antiplatelet therapy (including aspirin)	<input type="checkbox"/>	<input type="checkbox"/>
Age over 65 years	<input type="checkbox"/>	<input type="checkbox"/>
Known coagulopathy (e.g. liver disease, factor deficiency)	<input type="checkbox"/>	<input type="checkbox"/>
Loss of consciousness > 5 mins	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous mechanism of injury	<input type="checkbox"/>	<input type="checkbox"/>
Post traumatic seizure	<input type="checkbox"/>	<input type="checkbox"/>
Persistent GCS < 15 at 2 hrs post injury	<input type="checkbox"/>	<input type="checkbox"/>
Deterioration in GCS	<input type="checkbox"/>	<input type="checkbox"/>
Clinical suspicion of skull fracture	<input type="checkbox"/>	<input type="checkbox"/>
Unwitnessed head injury	<input type="checkbox"/>	<input type="checkbox"/>
Known previous neurosurgery and/or neurological impairment	<input type="checkbox"/>	<input type="checkbox"/>
Intoxicated (alcohol and or other drugs)	<input type="checkbox"/>	<input type="checkbox"/>
Focal neurological deficit	<input type="checkbox"/>	<input type="checkbox"/>
Persistent vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Persistent severe headache	<input type="checkbox"/>	<input type="checkbox"/>
Persistent abnormal level of alertness, behaviour and/or cognition	<input type="checkbox"/>	<input type="checkbox"/>
Multi-system trauma	<input type="checkbox"/>	<input type="checkbox"/>
Delayed presentation or Re-presentation	<input type="checkbox"/>	<input type="checkbox"/>
Multiple co-morbidities or combination of worrying factors	<input type="checkbox"/>	<input type="checkbox"/>



DO NOT WRITE IN THIS BINDING MARGIN

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Mat. no.: 10255150



SW214

CLOSED HEAD INJURY (ADULT) CLINICAL PATHWAY



## Closed Head Injury *(Adult)* Clinical Pathway

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

### Discharge

**Time    Initial**

- Give patient / carer Queensland Health Emergency Department fact sheet "Minor Head Injury"
- Following discharge, patients on anticoagulants, known coagulopathy or bleeding disorder should be referred for follow-up within 72 hours due to an increased risk of delayed intracranial haemorrhage
- Give patient / carer discharge letter
- Discharge into care of a responsible adult

### Clinical Events / Variance / Progress Notes

Date / Time	Describe variances to clinical pathway and any other patient related notes. Document as <b>Variance / Action / Outcome</b>	Initials

DO NOT WRITE IN THIS BINDING MARGIN