# Closed Head Injury (Adult) Clinical Pathway

For all emergency presentations with a closed head injury

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

**Signature Log**

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**Initial assessment**

1. Date and time of symptom onset or accident: [___/___/______] [___:___ hrs]
2. Document in clinical record:
   - Airway / c-spine
   - Breathing
   - Circulation
   - Disability
   - High Risk Head Injury
   - admitting / transfer patient:
     - Admitted
     - transferred
     - Discharged (see page 2)

**Risk Stratification**

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

- Anticoagulant / Antiplatelet therapy (including aspirin)
- Age over 65 years
- Known coagulopathy (e.g. liver disease, factor deficiency)
- Loss of consciousness > 5 mins
- Dangerous mechanism of injury
- Post traumatic seizure
- Persistent GCS < 15 at 2 hrs post injury
- Deterioration in GCS
- Clinical suspicion of skull fracture
- Unwitnessed head injury
- Known previous neurosurgery and/or neurological impairment
- Intoxicated (alcohol and or other drugs)
- Focal neurological deficit
- Persistent vomiting
- Persistent severe headache
- Persistent abnormal level of alertness, behaviour and/or cognition
- Multi-system trauma
- Delayed presentation or Re-presentation
- Multiple co-morbidities or combination of worrying factors

**High Risk Head Injury**

- Airway maintenance and/or C-spine protection
- Notify senior medical officer
- Indications for early CT:
  - Deterioration in GCS
  - Clinical suspicion of skull fracture
  - Post traumatic seizure
  - Focal neurological deficit
  - Anterograde or retrograde amnesia > 30mins
  - Persistent abnormal GCS < 15 hrs post injury
  - Other clinical concern

**Low Risk Head Injury**

- Airway maintenance and/or C-spine protection
- Perform and record clinical observations on Neurological Observations Chart

**Legend**

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

- If CT scanner available, CT
- Ongoing clinical observations
- Coagulation studies
- CT normal
- CT abnormal / CT unavailable
- Telephone neurosurgical service for advice or
- Telephone RFDS / RSQ (1300 799 127) for transfer options. Document advice.
- Admit / transfer patient:
  - Admitted
  - Transferred
  - Discharged (see page 2)

Instructions and ED fact sheet "Minor Head Injury" given to carer/patient

GP letter completed on discharge? Yes No
Discharge

- 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

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