Child (0-16) HEAD INJURY ASSESSMENT FORM
GRI EMERGENCY DEPARTMENT

Patient Details
Name:
Attach label
CHI:

Seen by
Grade
Date
Time seen

5 Child Protection Questions Completed on ED Card ☐

HISTORY / MECHANISM OF INJURY ***SOURCE*:** ☐ **Patient** ☐ **Witness** ☐ **Ambulance / Police**
AGE: **UNDER 1 INJURY PROFORMA COMPLETED** ☐

Injury date / / Injury time :

LOC	☐ No	☐ Yes	DURATION		
Amnesia	☐ No	☐ PT	☐ RG	☐ <5m	☐ >5m
Headache	☐ No	☐ Yes	ANALGESIA		
Rhinorrhoea	☐ No	☐ Yes			
Otorrhoea	☐ No	☐ Yes			
Vomiting	☐ No	☐ Yes	NO. OF EPISODES		
Seizure	☐ No	☐ Yes:	TIME		
Neck Pain	☐ No	☐ Yes			
Non accidental	☐ No	☐ Suspicion			
Alcohol/Drugs	☐ No	☐ Yes	DESCRIBE		

PMH

Sx: Responsible adult at home ☐

Dx

Allergies:

Tetanus Status
☐ No Action
☐ Booster
☐ Immunoglobulin

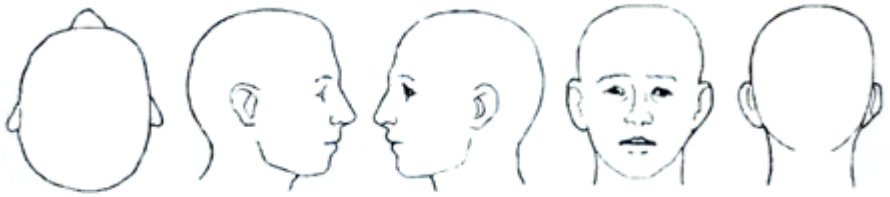
EXAMINATION

CEWS	HR	BP	RR	BM	Temp	SpO_2 air/O_2

GCS	Description		Score
Eyes	Spontaneous	4	/4
	Speech	3	
	Pain	2	
	None	1	
Verbal	Orientated/interacts/follows/smiles/coos/alert/words	5	/5
	Confused/consolable	4	
	Inappropriate words/ moaning	3	
	Incomprehensible sounds/ irritable/inconsolable	2	
	None	1	
Motor	To Command/normal	6	/6
	Localises/withdraws to touch	5	
	Withdrawal to pain	4	
	Flexion to pain	3	
	Extension to pain	2	
	None	1	
Total			/15

		Right	Left
Pupils			
Ears			
Upper limbs	Tone		
	Power		
	Sensation		
	Reflexes		
	Co-ordination		
Lower limbs	Tone		
	Power		
	Sensation		
	Reflexes		
	Co-ordination		
	Plantars		

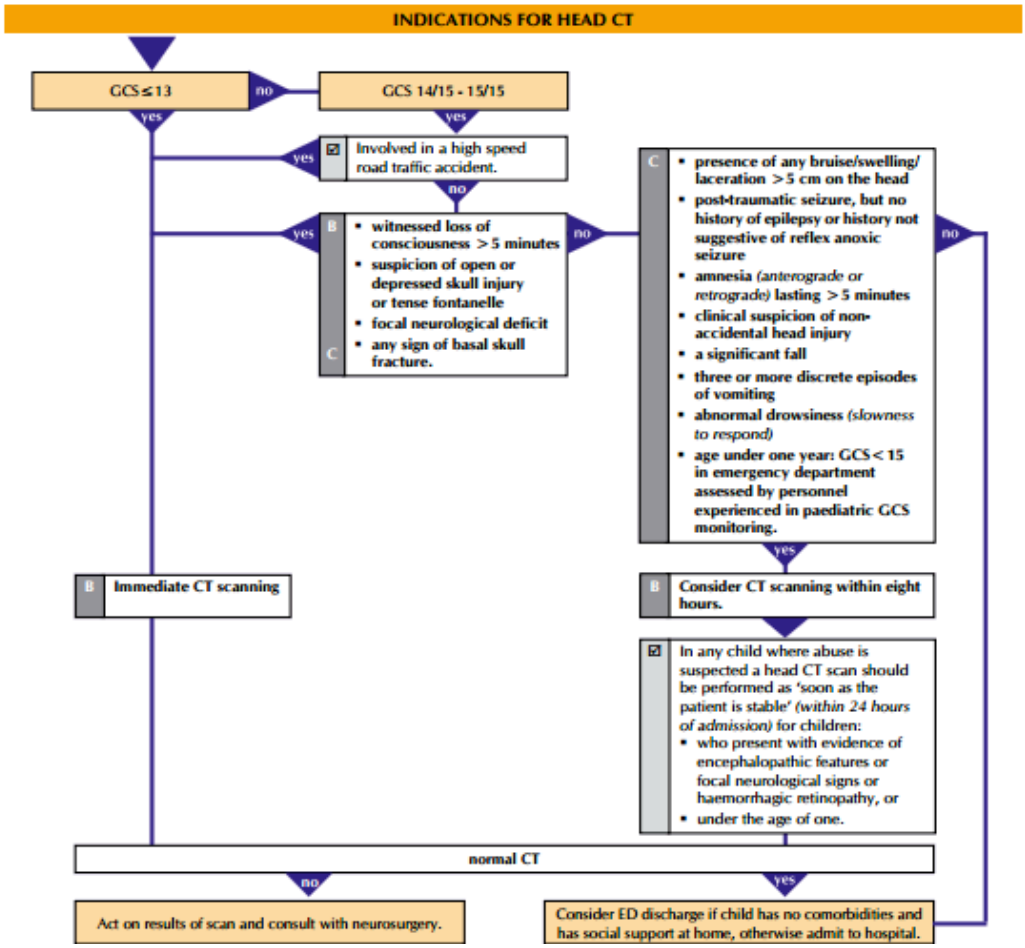
CN I-XII	Normal	Abnormal
	Describe	



Wound closure	☐ NONE ☐ STERI-STRIPS ☐ GLUE ☐ STAPLES No: ☐ SUTURES No: Size : Type :	
B.O.S # signs	☐ NO	☐YES COMMENT
C-spine Examination	COMMENT	

Describe head injuries:

Other injuries/problem:
☐ NONE ☐ LISTED ON ED CARD



Imaging		
CT Brain	☐NO ☐YES - Immediately ☐YES Within 8 hrs	RESULT
C-Spine	☐NO ☐CT ☐XR	RESULT

Admission Criteria			
Abnormal CT	☐ NO	☐YES Outcome: ☐D/W Neurosurgery	
CT indicated within 8 hours	☐ NO	☐YES	☐**Referred to ……** Name/Designation: Time:
GCS<15	☐ NO	☐YES	
No responsible adult	☐ NO	☐YES	
Suspicion of abuse	☐ NO	☐YES	☐**Neuro Obs required:** half hourly for 2hrs, hourly for 4hrs, 2 hourly for 6hrs, four hourly thereafter.
☐ Other Details:			

Discharge Criteria		
GCS 15	☐	☐ **Fit for Discharge** (all 3 criteria must be met) ☐ **Child Head Injury advice sheet given** ☐ **Analgesia given**
Responsible adult	☐	
No risk factors	☐	

Name *Designation* *Signature* *Date* *Time*