cm Scale 0 2 4 6 8 10

ADULT HEAD INJURY ASSESSMENT FORM - GLASGOW ROYAL INFIRMARY

Patient Details (label if possible)

Name:

DOB: Age

Doctor

Grade

Date / /

Time seen :

HISTORY / MECHANISM OF INJURY ***SOURCE***: ☐ **Patient** ☐ **Witnesses** ☐ **Ambulance / Police**

LOC	☐No	☐Yes	Duration:	
Amnesia: PT	☐No	☐<5m	☐5-60	Hrs:
Amnesia: RG	☐No	Duration:		
Headache	☐No	☐Yes:		
Vomiting	☐No	freq	time	
Alcohol	☐No	AMOUNT		
Drugs	☐No	DESCRIBE		
Seizure	☐No	☐Yes: TIME		

PMH

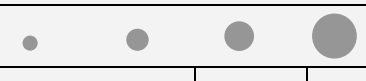
DH ☐Aspirin ☐Clopidogrel ☐NOAC ☐Warfarin: INR=

TETANUS
☐Complete
☐Booster
☐Uncertain

EXAMINATION

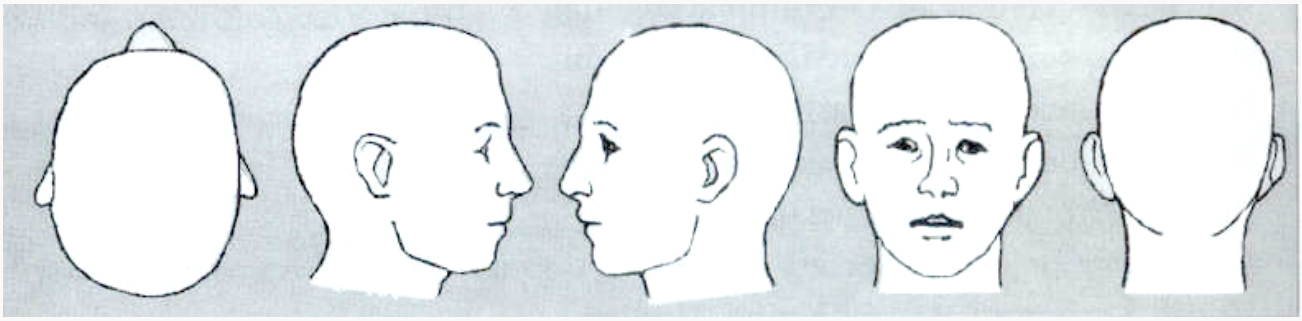
HR		BP		RR		BM		Temp		SaO_2	air/O_2

GCS	Description	Score
E		/4
M		/6
V		/5
Total		/15
CN I-XII	Normal	Abnormal
	▼ COMMENTS	

	LEFT			***RIGHT***		
EYES						
	REACTS: Y/N/↓	**ROM**	**VA**	**REACTS**: Y/N/↓	**ROM**	**VA**
EARS	Clear / Wax	Abnormal		Clear / Wax	Abnormal	
Limbs upper	Normal	Weakness		Normal	Weakness	
Limbs lower	Normal	Weakness		Normal	Weakness	

Speech: ☐Normal ☐Abnormal **Balance/Gait:** ☐OK ☐unsteady

Face Movement/Sens: ☐Normal ☐Abnormal - DESCRIBE



Wound Closure	☐ **NONE** ☐ **GLUE** ☐ **SUTURES [No:]** ☐ **STAPLES [No:]**	
Skull #	☐ **NO**	COMMENT
Base of Skull #	☐ **NO**	COMMENT
Neck Injury	☐ **NO**	COMMENT

OTHER INJURIES / PROBLEMS	☐ **NONE**	☐ **LISTED ON ED CARD**

IMAGING				
Immediate CT		☐ **NO**	☐ **YES**	COMMENT
CT within 8hrs		☐ **NO**	☐ **YES**	
C-Spine	CT	☐ **NO**	RESULT	
	X-ray	☐ **NO**	RESULT	
Other		☐ **NO**	RESULT	

IMPRESSION

TREATMENT				
IV Access	☐ **NO**	☐ **YES**	☐ **REFUSED**	
Bloods	☐ **NO**	☐ **YES** Document on card + significant results here		
Pabrinex	☐ **NO**	☐ I+II **TDS**	☐ **2**x (I+II) **TDS**	
GMAWS	☐ **NO**	☐ Symptom triggered	☐ Fixed + symptom triggered	
Analgesia	☐ **NO**	Cocodamol	☐ **PRN**	☐ **REGULAR**
		Other		

OUTCOME			
Home	☐ **YES**	***NB***: ALCOHOL ☐ HIWC ☐ SUPERVISION - WHO	
Admit	☐ 46 ☐ AAU ☐ 65 ☐ OTHER		
D/W Neurosurgery	☐ **NO**	☐ **YES**	COMMENTS
Specialty Involvement	☐ **NO**	☐ **YES**	

Signature