Example of a proforma for routine documentation of head injury in adult patients

Head injury assessment in ED

Name:

PATIENT LABEL

Date / / Time /

History:

Recall of incident: No Yes

Mechanism: Fall Assault RTA Alcohol / Drugs Other ________________

PTA: None < 5 mins 5 – 60 mins > 1 hr (__ hrs)

Present symptoms: Headache Dizziness Nausea Vomited in last 12 hours

Disturbance of speech / hearing / vision / balance Other ______________________

PMH:

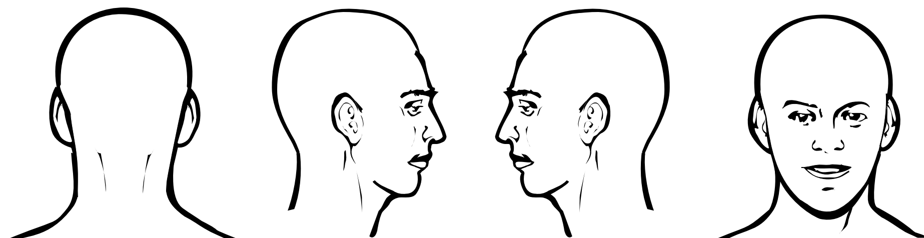
Medication: Warfarin Anticonvulsants Other ______________________

O/E: Resp. rate /min Pulse rate /min BP

GCS: Eye opening -- Best motor -- Verbal --

Neck injury status: Cleared Immobilised

Scalp: **Wound** (Laceration / Incised or Contusion); **Fracture** (felt or seen or unsure)



Date &Time

Head injury assessment in ED Continuation

Name:

PATIENT LABEL

Neurological signs (✓ if normal)

Limb mvts. **R** **L** **Pupil reactions** **Facial mvt.** **Eye mvts.**

Sensation - scalp / face **Hearing** **R** **L** **Romberg's**

Smell **Tongue & Palate movt** **Visual Acuity** **R** **L** **Visual fields**

Tympanic membranes normal:	**R.**	**Yes**	**No**	**Obscured by wax**
	L.	**Yes**	**No**	**Obscured by wax**

Signs of basal skull fracture: **No** **Yes** ____________________________

Other injuries / problems: **No** **Yes** ____________________________

ASSESSMENT (List injuries)

PLAN

Signature: