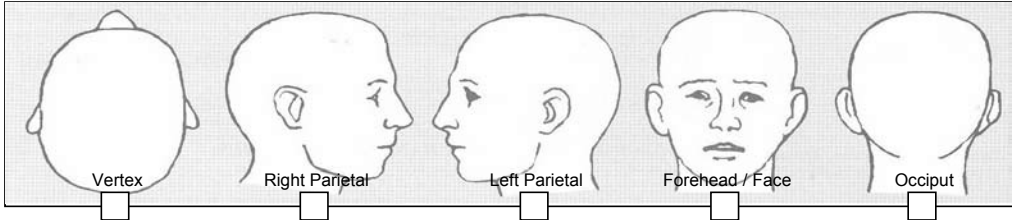


Head Injury Examination : Adults and children of 5 years and older

Tick the boxes corresponding to the injured areas, and illustrate with appropriate measurements of lacerations and bruises in cms:



Head Examination

	Yes	No
Boggy haematoma	<input type="checkbox"/>	<input type="checkbox"/>
Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>
Bruising	<input type="checkbox"/>	<input type="checkbox"/>
Suspicion of compound skull fracture or penetrating injury	<input type="checkbox"/>	<input type="checkbox"/>
Sign of base of skull fracture	<input type="checkbox"/>	<input type="checkbox"/>
CSF/Blood leak from right ear	<input type="checkbox"/>	<input type="checkbox"/>
CSF/Blood leak from left ear	<input type="checkbox"/>	<input type="checkbox"/>
CSF/Blood leak from nose	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of injury to neck	<input type="checkbox"/>	<input type="checkbox"/>

	Normal	Abnormal	Immobilised
C Spine Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Neurological Examination : Score from Glasgow Coma Scale

<u>GCS</u>		<u>Eyes</u>		<u>Cranial N</u>	
E	<input type="checkbox"/>	Left	Right	Left	Right
M	<input type="checkbox"/>	Pupil reacting	<input type="checkbox"/>	Normal	<input type="checkbox"/>
V	<input type="checkbox"/>	Movements	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>

	Left		Right	
	Normal	Abnormal	Normal	Abnormal
Tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cerebellar signs	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Gait	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Abnormal

Comments on injuries, neuro-examination and treatment:

Investigations and Results

BM	<input type="checkbox"/>	<input type="checkbox"/>	Brain CT	Yes	No
Temp	<input type="checkbox"/>	<input type="checkbox"/>	C Spine CT	<input type="checkbox"/>	<input type="checkbox"/>
BM/Temp not relevant	<input type="checkbox"/>		C Spine X-ray	<input type="checkbox"/>	<input type="checkbox"/>

Findings on Imaging:

Management

Discharge home written advice verbal advice

Request opinion of:

Refer to surgeons time :

Admit to ward specify:

Transfer to SGU

Diagnosis from ED

Head injury Nose injury

Skull fracture Facial injury

Other diagnosis give details in box below:

Signature: _____

Additional notes on ED card Yes No