## Annex 7

Example of a proforma for routine documentation of head injury in children under five years of age

### Head Injury History: Children under 5 years of age

<table>
<thead>
<tr>
<th>Affix Patient Label Here</th>
<th>DOB</th>
<th>YO</th>
<th>Sex</th>
<th>Person responsible at home:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Patient □ Parent □ Other:</td>
</tr>
<tr>
<td>Injury Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None □ Unknown □ On warfarin □ On aspirin □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Drugs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Allergies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None □ Unknown □ Unknown □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known Allergies:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### History (if NAI suspected, see ED Dept Child Protection protocol ~ Head Injury)

- Incident Description:
  - [ ] F/S Passenger
  - [ ] B/S Passenger
  - [ ] Motor Cycle / Pillion
  - [ ] Pedestrian
  - [ ] School Accident
  - [ ] Sport / Play
  - [ ] Home Accident
  - [ ] Other
  - [ ] Seatbelt
  - [ ] Helmet

<table>
<thead>
<tr>
<th>Loss of consciousness</th>
<th>Yes □ No □ Unable To Assess</th>
<th>How long?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-traumatic amnesia</td>
<td></td>
<td>How long?</td>
</tr>
<tr>
<td>Seizure since injury</td>
<td></td>
<td>Describe:</td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td>Describe:</td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drowsy / unusually tired</td>
<td></td>
<td>Comment:</td>
</tr>
<tr>
<td>Visual disturbance</td>
<td></td>
<td>Comment:</td>
</tr>
<tr>
<td>Rhinorrhoea / Otorrhoea</td>
<td></td>
<td>Comment:</td>
</tr>
<tr>
<td>Limb weakness</td>
<td></td>
<td>Comment:</td>
</tr>
<tr>
<td>Other neurological symptoms</td>
<td></td>
<td>Details:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-existing disorders</th>
<th>Give details of known pre-existing disorders eg epilepsy, diabetes, cardiac arrhythmias, bleeding disorders, mental disorders, other medical.</th>
</tr>
</thead>
<tbody>
<tr>
<td>None □ Unknown □ Unknown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tetanus State</th>
<th>Covered □ Needs Booster □ Needs Course □ Not Known</th>
</tr>
</thead>
</table>
**Annex 7**

**continued**

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### Head Injury Examination: Children under 5 years of age

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

- **Vertex**
- **Right Parietal**
- **Left Parietal**
- **Frontal / Face**
- **Occipital**

#### Head Examination

- Boggy haematoma: Yes ☐ No ☐
- Laceration(s): Yes ☐ No ☐
- Bruising: Yes ☐ No ☐
- Suspicion of compound skull fracture or penetrating injury: Yes ☐ No ☐
- Sign of base of skull fracture: Yes ☐ No ☐
- CSF/Blood leak from right ear: Yes ☐ No ☐
- CSF/Blood leak from left ear: Yes ☐ No ☐
- CSF/Blood leak from nose: Yes ☐ No ☐
- Evidence of injury to neck: Yes ☐ No ☐

#### Neurological Examination: Score from Glasgow Coma Scale

- **Eyes:**
  - Pupil reacting: Yes ☐ No ☐
- **Movements:**
  - Left: Yes ☐ No ☐
  - Right: Yes ☐ No ☐
- **Cranial N:**
  - Left: Normal ☐ Abnormal ☐
  - Right: Normal ☐ Abnormal ☐

- **Tone:**
  - Normal: Yes ☐ No ☐
  - Abnormal: Yes ☐ No ☐

- Cerebellar signs: Normal ☐ Abnormal ☐

- Gait:
  - Observed: Yes ☐ No ☐
  - Not seen: Yes ☐ No ☐
  - Developmental milestone consistent with history: Yes ☐ No ☐

#### If <1 year old

- Sits: Observed ☐ Not seen ☐
- Rolls: Yes ☐ No ☐
- Crawls: Yes ☐ No ☐
- Walks: Yes ☐ No ☐

#### Comments on injuries, neuro-examination and treatment:

- 

#### Investigations and Results

- **BM**
  - Yes ☐ No ☐
- **Temp**
  - Yes ☐ No ☐
- **BM/Temp not relevant**
  - Yes ☐ No ☐
- **Brain CT**
  - Yes ☐ No ☐
- **C Spine CT**
  - Yes ☐ No ☐
- **C Spine X-ray**
  - Yes ☐ No ☐

#### Findings on Imaging:

- 

#### Management

- **Discharge home**
  - written advice ☐ verbal advice ☐
- **Request opinion**
  - of: 
- **Refer to surgeons**
  - time: Yes ☐ No ☐
  - specify:
- **Admit to ward**
  - specify:
- **Transfer to SGU**

#### ED Diagnosis

- **Head injury**
- **Nose injury**
- **Skull fracture**
- **Facial injury**
- **Other diagnosis**
  - give details in box below:

#### Signature:

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Additional notes on ED card: Yes ☐ No ☐