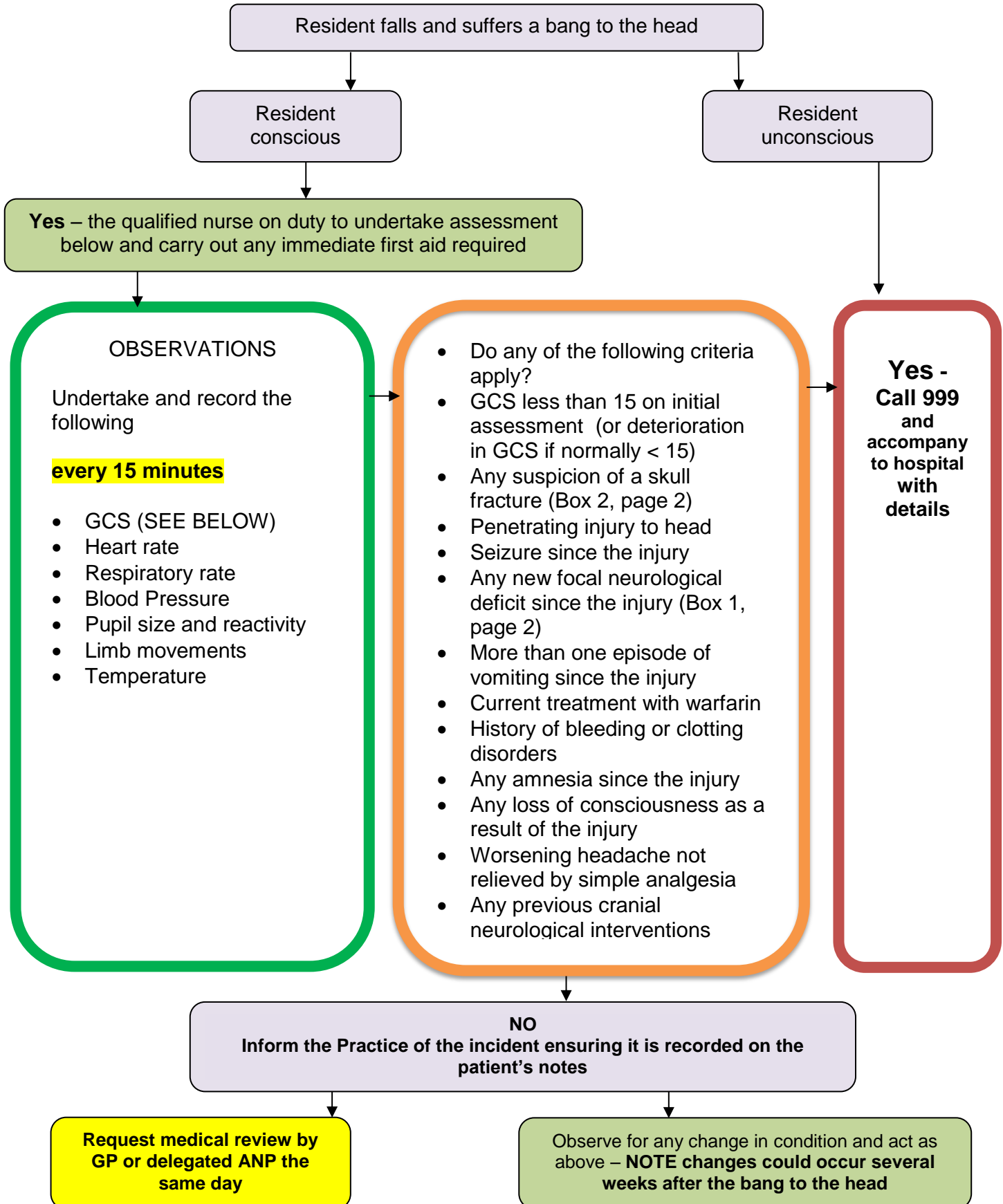


Head Injury Pathway for **Nursing Homes**

'Head injury' for the purposes of the guideline is defined as any trauma to the head, other than superficial injuries to the face.

NICE Clinical Guideline 56 2007 <http://publications.nice.org.uk/head-injury-cg56>

Throughout this pathway the wishes of the resident and their relatives must be taken into consideration



Where applicable this guidance must be read in conjunction with the Mental Capacity Act (2005), and any needs assessments, care planning and decisions must be considered in relation to this legal framework. **NICE Compliant 2007**

BOX 1 - Any focal neurological deficit since the injury examples include problems understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking).

BOX 2 - Any suspicion of a skull fracture or penetrating head injury since the injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional

Glasgow Coma Scale (GCS)

The Glasgow Coma Scale for adults

The Glasgow Coma Scale is scored between 3 and 15, 3 being the worst, and 15 the best. It comprises three parameters: best eye response, best verbal response, best motor response. The definition of these parameters is given below.

Best eye response (4)

1. No eye opening
2. Eye opening to pain
3. Eye opening to verbal command
4. Eyes open spontaneously

Best verbal response (5)

1. No verbal response
2. Incomprehensible sounds
3. Inappropriate words
4. Confused
5. Orientated

Best motor response (6)

1. No motor response
2. Extension to pain
3. Flexion to pain
4. Withdrawal from pain
5. Localising pain
6. Obeys commands

Sample Observation Proforma

The Newcastle upon Tyne Hospitals 
NHS Foundation Trust

Affix patient identification label in box below or complete details

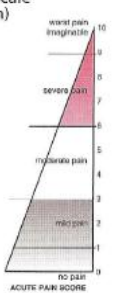
Surname	Patient i.d.No.
Forename	D.O.B. DDMMYYYY
Address	NHS No.
	Sex. Male / Female
Postcode	

NEUROLOGICAL OBSERVATION CHART

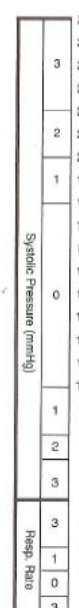
														DATE			
COMA SCALE	Eyes open	Spontaneously	4													TIME (24hr clock)	
		To speech	3													Eyes closed by swelling = C	
		To pain	2													Dysphasic = D	
	Best verbal response	None	1													Endotracheal tube or tracheostomy = T	
		Orientated	5													Record the best arm response	
		Confused	4														
		Inappropriate Words	3														
	Best motor response	Incomprehensible Sounds	2														
		None	1														
		Obey Commands	6														
Localise Pain		5															
Flexion to Pain		4															
G.C.S. Total	Abnormal Flexion	3															
	Extension to Pain	2															
		None	1														

Pupil Scale (mm)

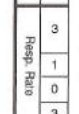
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8



ACUTE PAIN SCORE



Systemic Pressure (mmHg)

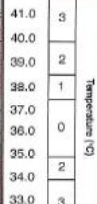


Resp. Rate

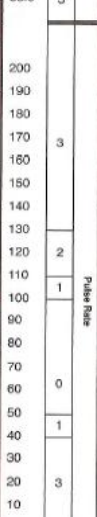
O₂ Sat

Pain Score / O₂%

MEWS



Temperature (°C)



Pulse Rate

PUPILS		Right	Size Reaction				
		Left	Size Reaction				
LIMB MOVEMENT	ARMS	Normal power					
	LEGS	Normal power					

5 Sluggish

+ Reacts

- No Reaction

c. Eye Closed

Record right (R) and left (L) separately if there is a difference between the two sides

Reference:

<http://www.nice.org.uk/nicemedia/live/11836/36266/36266.doc#adult>