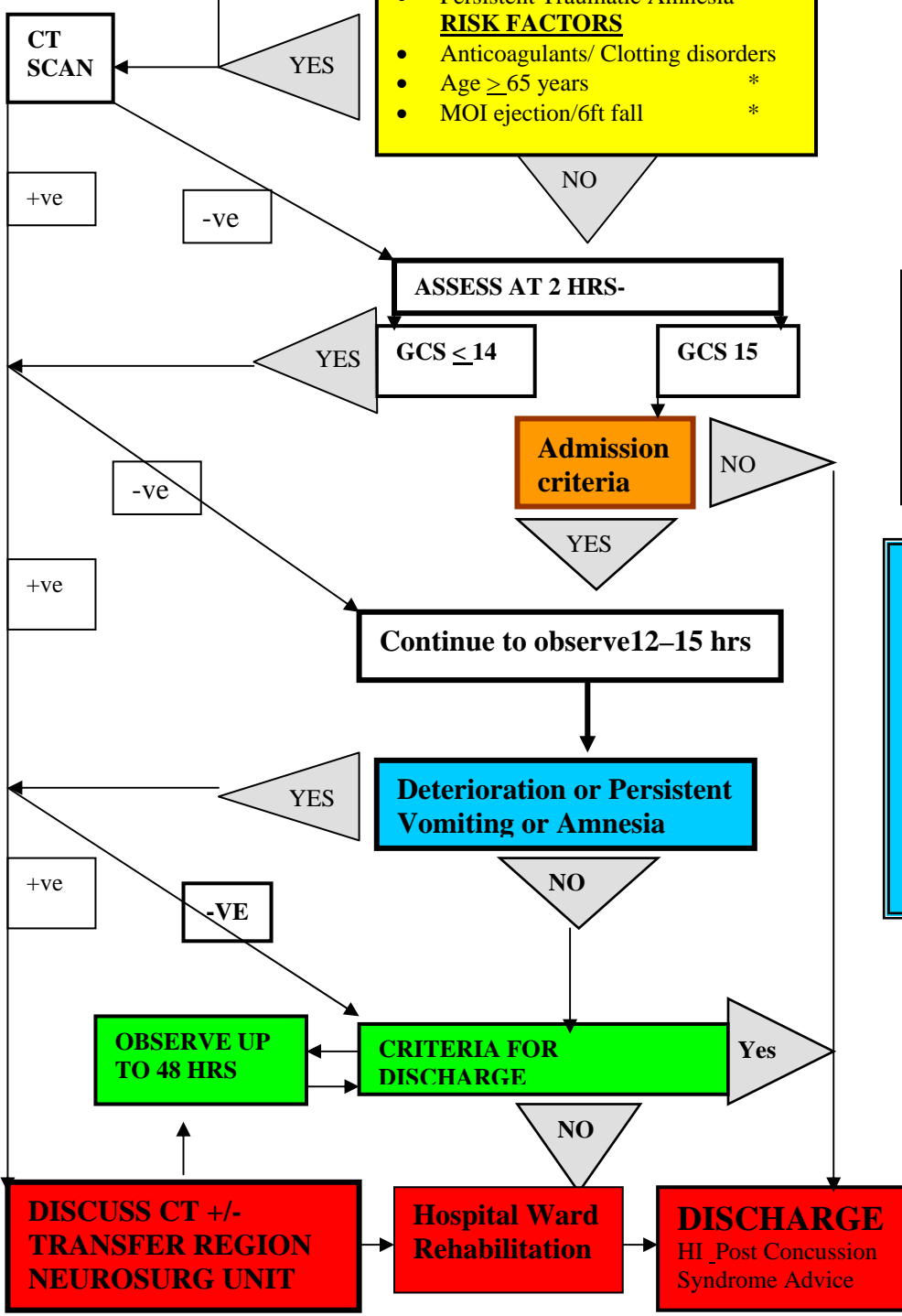


Radiological Investigation and initial management of Mild Head Injury in A&E at Addenbrooke's (See Definition)

- CLINICAL FEATURES**
- Open / base skull #
 - New focal signs
 - Post-injury seizure(s)
 - Vomiting ≥ 2 times *
 - Persistent Traumatic Amnesia *
- RISK FACTORS**
- Anticoagulants/ Clotting disorders *
 - Age ≥ 65 years *
 - MOI ejection/6ft fall *

- A: DEFINITION OF MILD HI**
- Blunt Trauma with witnessed LOC, definite amnesia/disorientation
 - Initial A&E GCS13-15
 - Injury within past 24 hrs
 - Stable vital signs without major trauma

Between 11pm-7am consider delay CT Scan for *symptoms if possible but observe patient



- ADMISSION CRITERIA**
- Any one of **clinical features** or **risk factors** as above
 - Cannot be supervised
 - Difficult assessment: alcohol/drugs
 - Significant medical conditions-

- NEUROLOGICAL DETERIORATION**
- Development agitation/ abnormal behaviour
 - Sustained decrease in conscious level of at least one point in M or V response or two points in Eye response of the GCS
 - Development of severe or increasing headache or persisting vomiting
 - New or evolving neurological symptoms or signs, e.g. pupil inequality or asymmetry of limb or facial movement

- D: DISCHARGE CRITERIA**
- Normal GCS return to pre-injury level
 - No vomiting and eating normally
 - Neuro symptoms/signs resolved or minor and treatable
 - Mobile self-caring back to safe environment
 - No more imaging/investigations required
 - Extracranial injury treated/excluded
 - Appropriate home support/supervision