

Head Injury Pathway



Clinical Assessment/Management Tool for Children

Primary and Community Care Settings

Suspected/Observed Head Injury

Suspected/Observed Head Injury		Consider	Red Flags
History <ul style="list-style-type: none"> • When? Mechanism of injury? • Loss of consciousness? Vomiting? Fitting? Persistent dizziness? • Amnesia (anterograde /retrograde)? • Worsening or persistent headache • Seizure • Irritability / altered behaviour • Clotting or bleeding disorder • Anticoagulant medication • Previous brain surgery 	Examination <ul style="list-style-type: none"> • Assess conscious level—GCS or AVPU • Confused or repetitive speech? • Skull integrity (bruises, wounds, boggy swelling) and fontanelle assessment • Signs of base of skull fracture • Signs of focal neurology • Cervical spine • If under 3 years, undress and examine fully 	Are there safeguarding concerns (e.g. delay in presentation; injury not consistent with history or age/ developmental stage of child)? West Yorkshire Assessment of non-mobile babies with injuries policy <div style="border: 1px solid black; padding: 5px; text-align: center;"> Contact local child protection/social services team </div>	<ul style="list-style-type: none"> • Symptoms or signs suggestive of potential life-threatening injury (see table below) • Clotting or bleeding disorder • Safeguarding concerns <div style="border: 1px solid red; padding: 5px; text-align: center; margin-top: 10px;"> Call 999 Stay with child Alert local paediatric / ED team </div>

Assessment Table

	GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
Nature of injury and conscious level	<ul style="list-style-type: none"> • Low risk mechanism of injury • No loss of consciousness • Child cried immediately after injury • Alert, interacting with care giver, easily rousable • Behaviour considered normal by family 	Mechanism of injury: <ul style="list-style-type: none"> • fall from a height > 1m or greater than child's own height • Alert but irritable and/or altered behaviour • Any loss of consciousness 	Mechanism of injury: <ul style="list-style-type: none"> • Considered dangerous (high speed road traffic accident; >3m fall, high speed injury from projectile or object) • GCS < 15 / altered level of consciousness (V-P-U on AVPU) • Witnessed loss of consciousness lasting > 5mins • Persisting abnormal drowsiness • Post traumatic seizure
Symptoms & Signs	<ul style="list-style-type: none"> • No more than 2 episodes of vomiting (>10 minutes apart) • Minor bruising or minor cuts to the head 	<ul style="list-style-type: none"> • 3 or more episodes of vomiting (>10 minutes apart) • Persistent or worsening headache • Amnesia or repetitive speech • A bruise, swelling or laceration of any size 	<ul style="list-style-type: none"> • Skull fracture – open, closed or depressed • Penetrating head injury • Tense fontanelle (infants) • Signs of basal skull fracture (hemotympanum, 'panda' eyes, CSF leakage from ears/ nose; Battle's sign (mastoid bruise) • Focal neurological deficit • Children <1yr with laceration or swelling more than 5cm
Other		<ul style="list-style-type: none"> • Additional family support required • Suspicion of non-accidental injury (referrer to contact social care also) 	<ul style="list-style-type: none"> • Clotting or bleeding disorder • On anticoagulant medication • Previous brain surgery • Drug or alcohol intoxication

Action Table

Green Action	Amber Action	Red Action
<ul style="list-style-type: none"> • Provide written and verbal advice, see our head injury page • If concussion, provide advice about graded return to normal activities • Think "safeguarding" before sending home 	<ul style="list-style-type: none"> • Send to ED for further assessment • If concussion, provide advice about graded return to normal activities 	<ul style="list-style-type: none"> • Refer immediately to emergency care by 999 if necessary • Alert ED team • Continuous observation

This guidance has been reviewed and adapted by healthcare professionals across West Yorkshire with consent from the Hampshire development groups