

# A&E PROFORMA FOR CT HEAD FOLLOWING HEAD INJURY (CHILDREN)

<b>Patient name/address label</b>  <b>Patient name</b>  <b>Patients address</b>  <b>DOB</b>  <b>NHS number</b>	<b>Date:</b>  <b>Time:</b>	<b>Doctor:</b>  <b>Paediatric/ED Consultant:</b>  <b>Contact No:</b>
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Please tick **ALL** boxes that apply

<b>CRS request done</b>	→	YES <input type="checkbox"/>		<b>Head injury within last 24 hours</b>	→	YES <input type="checkbox"/>
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**ANY OF THE FOLLOWING RISK FACTORS IDENTIFIED:**

GCS < 14 on initial ED assessment (< 15 for children under 1)	<input type="checkbox"/>
GCS < 15 at 2 hours post injury	<input type="checkbox"/>
Suspected open/depressed skull fracture or tense fontanelle	<input type="checkbox"/>
Any sign of basal skull fracture	<input type="checkbox"/>
Post traumatic seizure	<input type="checkbox"/>
Focal neurological deficit	<input type="checkbox"/>
Suspicion of NAI	<input type="checkbox"/>
Bruising/swelling or laceration >5 cm for children under 1	<input type="checkbox"/>

**NO –DISCUSS WITH RADIOLOGIST**

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	YES	CT HEAD <input type="checkbox"/>
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↓ NO

**MORE THAN ONE OF THE FOLLOWING RISK FACTORS PRESENT:**

Witnessed LOC > 5 min	<input type="checkbox"/>
Abnormal drowsiness	<input type="checkbox"/>
Three or more episodes of vomiting	<input type="checkbox"/>
Dangerous mechanism of injury	<input type="checkbox"/>
Amnesia (antegrade or retrograde) > 5min	<input type="checkbox"/>

	YES	CT HEAD <input type="checkbox"/>
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↓ NO

**ANY OF FOLLOWING RISK FACTORS IDENTIFIED: (OBSERVE 4 HOURS)**

GCS <15	<input type="checkbox"/>
Further vomiting	<input type="checkbox"/>
Further episode of drowsiness	<input type="checkbox"/>

	YES	CT HEAD <input type="checkbox"/>
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