

ED CT HEAD PROFORMA FOLLOWING HEAD INJURY (ADULTS ONLY)

Patient Name/Address Label	Date:	Doctor (PRINT Name):
Patient Name		Grade (eg SpR):
Patient Address	Time:	(MUST BE completed by ED SpR or Consultant)
DOB		Contact Tel/Bleep:
NHS Number		<i>I have reviewed the patient and the clinical information I have given is correct to the best of my knowledge:</i>
		Signature:

ON ANTICOAGULATION THERAPY

YES

PERFORM CT HEAD SCAN

TIME OF INJURY
.....

NO →

PERFORM CT HEAD – WITHIN 1 HOUR of risk being identified
If any of the following risk factors below:

Indication	YES/NO
GCS < 13	
GCS < 15 @ 2 Hours post injury	
Suspected open/depressed skull fracture	
Any sign of a basal skull fracture	
Post traumatic Seizure	
Focal neurological deficit	
> 1 episode of vomiting	
C-spine Cleared? (If no consider CT c-spine at same time)	

LOSS OF CONSCIOUSNESS/AMNESIA SINCE INJURY WITHOUT RISK FACTORS ABOVE

YES

NO →

NOT FOR CT HEAD UNLESS DISCUSSED WITH RADIOLOGIST

PERFORM CT HEAD - WITHIN 8 HOURS of risk being identified
If any of the following risk factors below

Indication	YES/NO
Age 65 or older (if yes please see over 65 head/c-spine proforma)	
History of bleeding or clotting disorders	
Dangerous Mechanism of injury	
> 30 minutes retrograde amnesia of events immediately before injury	