

Head Injury Pathway



Healthier Together



Clinical Assessment/Management Tool for Children

Primary and Community Care Settings

| Suspected/Observed Head Injury | | Consider | Red Flags |
|--|--|---|---|
| History <ul style="list-style-type: none"> • When? Mechanism of injury? • Loss of consciousness ? Vomiting? Fitting? Persisting dizziness? • Amnesia (anterograde /retrograde)? • Worsening headache • Clotting disorder | 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)? <div style="border: 1px solid blue; padding: 10px; margin: 10px auto; width: fit-content;"> Contact child protection/social services team </div> | Symptoms or signs suggestive of potential life threatening injury (see table below) Clotting disorder Safeguarding concerns <div style="border: 1px solid red; padding: 10px; margin: 10px auto; width: fit-content;"> 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 parent, easily rousable • Behaviour considered normal by parent | 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 | Mechanism of injury: <ul style="list-style-type: none"> • Considered dangerous (high speed road traffic accident; >3m fall) • 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 • Tense fontanelle (infants) • Signs of basal skull fracture (hemotympanum, 'panda' eyes, CSF leakage from ears/ nose; Battle's sign (mastoid ecchymosis) • Focal neurological deficit |
| Other | | <ul style="list-style-type: none"> • Additional parent/carer support required | <ul style="list-style-type: none"> • Clotting disorder |

Action Table

| Green Action | Amber Action | Red Action |
|---|---|---|
| <ul style="list-style-type: none"> • Provide written and verbal advice on 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 | <ul style="list-style-type: none"> • Refer immediately to emergency care by 999 • Alert ED team • Continuous observation |