

Clinical Assessment Tool for the Child with A Head Injury

Management within a Community Setting

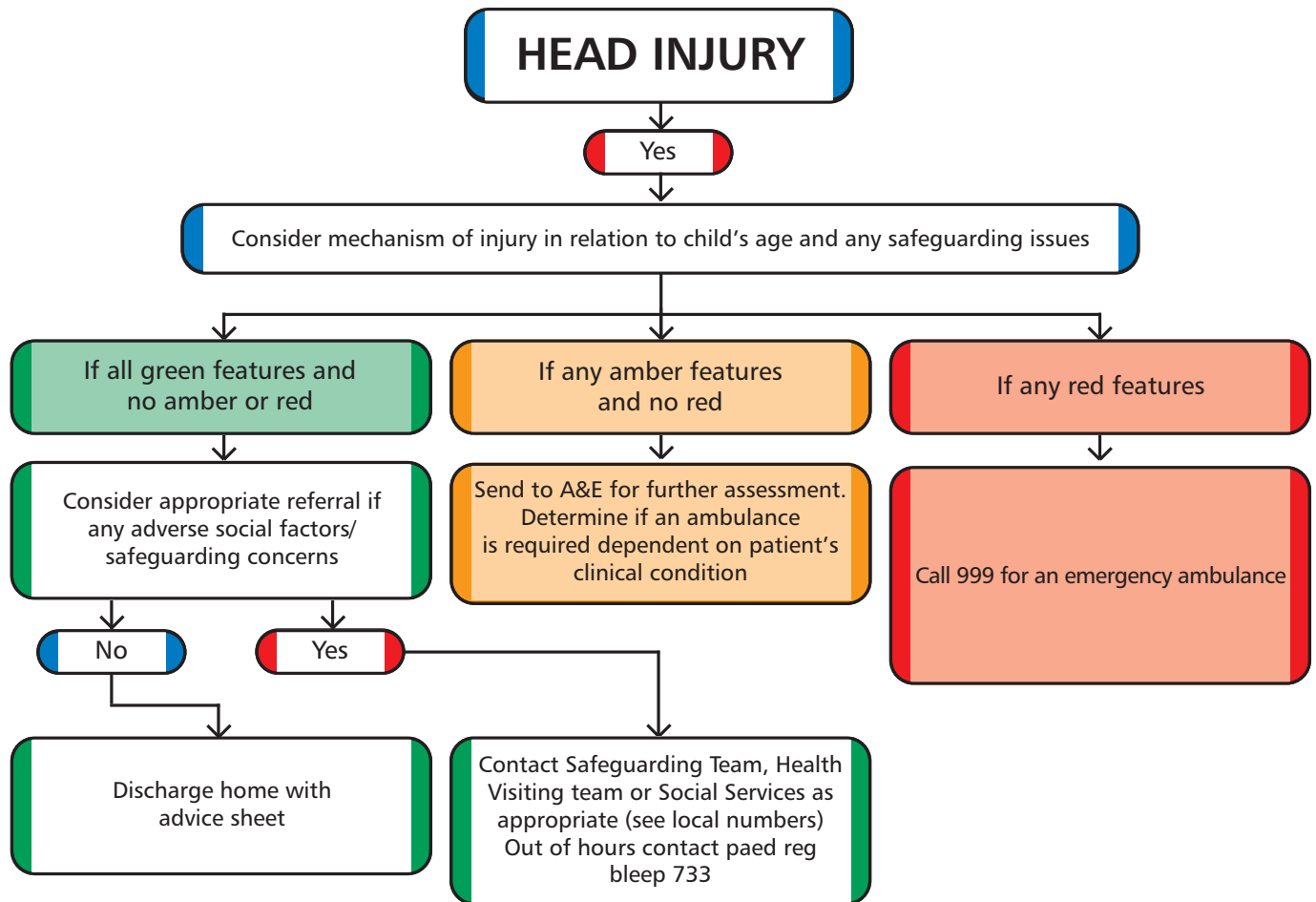


Table 1: Traffic Light system for identifying severity of head injury

Green – low risk	Amber – intermediate risk	Red – high risk
<ul style="list-style-type: none"> • No LOC • Alert and interacts with parent • Vomited no more than once • Minor bruising or minor cuts to head • Cried immediately but otherwise normal behaviour • Easily rousable 	<ul style="list-style-type: none"> • Fallen from a height greater than child's own height and/or more than a metre in height • Has a blood clotting disorder • Vomiting 2 or more times • Amnesia lasting over mins • Clinical suspicion of non-accidental injury. • Presence of bruise, swelling or laceration >5cm in children under year • Persistent headache • Irritability or altered behaviour 	<ul style="list-style-type: none"> • GCS < max for a child's age (see Table 2) • Witnessed loss of consciousness lasting >5minutes • Abnormal drowsiness • Post traumatic seizure but no history of epilepsy • Suspicion of open or depressed skull fracture or tense fontanelle • Any sign of basal skull fracture (haemotympanum, 'panda' eyes, CSF leakage from ears or nose, Battle's sign) • Focal neurological deficit • Dangerous mechanism of injury

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Table 2

Glasgow Coma Scale		Under year	1-2 years	3-5 years	Over 5 years
Best Eye Response	4	Eyes open spontaneous	Eyes open spontaneous	Eyes open spontaneous	Eyes open spontaneous
	3	Opens eyes in response to voice	Opens eyes in response to voice	Opens eyes in response to voice	Opens eyes in response to voice
	2	Opens eyes in response to pain stimuli	Opens eyes in response to pain stimuli	Opens eyes in response to pain stimuli	Opens eyes in response to pain stimuli
	1	Does not open eyes	Does not open eyes	Does not open eyes	Does not open eyes
Best Verbal Response	5	Appropriate non-verbal response	Smiles and cries appropriately	Appropriate words	Fully orientated
	4	Cries only	Cries	Inappropriate words	Confused
	3	Inappropriate crying	Inappropriate crying	Cries	Inappropriate words
	2	Grunts	Grunts	Grunts	Incomprehensible sounds
	1	No response	No response	No response	No response
Best Motor Response	6	Appropriate movements	Obeys simple commands	Obeys simple commands	Obeys simple commands
	5	Localises to pain	Localises to pain	Localises to pain	Localises to pain
	4	Flexion or withdrawl to pain	Flexion or withdrawl to pain	Flexion or withdrawl to pain	Flexion or withdrawl to pain
	3	Abnormal flexion in response to pain	Abnormal flexion in response to pain	Abnormal flexion in response to pain	Abnormal flexion in response to pain
	2	Extension in response to pain	Extension in response to pain	Extension in response to pain	Extension in response to pain
	1	Makes no movement in response to pain	Makes no movement in response to pain	Makes no movement in response to pain	Makes no movement in response to pain

This guidance is written in the following context

This assessment tool was arrived at after careful consideration of the evidence available including but not exclusively NICE Guidance and NHS evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.