

CHILDREN'S EMERGENCY DEPARTMENT – HEAD INJURY

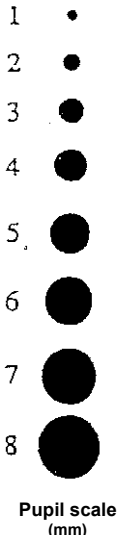
CLINICAL NOTES		
DATE AND TIME	PATIENT NAME	
	HOSPITAL No.	
	SAFEGUARDING SCREENING	
	<p>Do you or your child have, or have ever had a social worker? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>• If Yes Previous <input type="checkbox"/> Current <input type="checkbox"/></p> <p>• If Current Name of social worker..... Base of Social worker..... Contact number (if known).....</p> <p>• Any other concerns?</p>	
	<p>If any safeguarding concerns identified, discuss with Nurse in charge of shift or senior doctor and place details of child in safeguarding folder in children's emergency department</p>	
ADOLESCENT SCREENING		
Q 1	During the past 12 months have you ever drunk alcohol or taken any drugs to make you feel good?	
	No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes go to part A)
Q 2	Have you been feeling low or depressed recently?	
	No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes go to part B)
Q.3	Have you ever hit something when you've been feeling angry or frustrated?	
	No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes go to part C)
Q.4	Have you ever thought about harming yourself in any way or have you actually done so?	
	No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes go to part D)
For Questions 1-4 refer to page 9 for parts A-D		
Q.5	Has any adult ever hurt you?	
	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes - please contact the Paediatric SpR on bleep 3111 to discuss case.		
Q.6	Do you feel you need any sexual health advice?	
	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes - please provide adolescent with sexual health advice leaflet		
Q. 7	Do you smoke?	
	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes - please give smoking cessation advice and signpost to local stop smoking services.		
		Sign and print name
ADOLESCENT SCREENING		
Q 1	During the past 12 months have you ever drunk alcohol or taken any drugs to make you feel good?	
	No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes go to part A)
Q 2	Have you been feeling low or depressed recently?	
	No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes go to part B)
Q.3	Have you ever hit something when you've been feeling angry or frustrated?	
	No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes go to part C)
Q.4	Have you ever thought about harming yourself in any way or have you actually done so?	
	No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes go to part D)
For Questions 1-4 refer to page 9 for parts A-D		
Q.5	Has any adult ever hurt you?	
	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes - please contact the Paediatric SpR on bleep 3111 to discuss case.		
Q.6	Do you feel you need any sexual health advice?	
	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes - please provide adolescent with sexual health advice leaflet		
Q. 7	Do you smoke?	
	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes - please give smoking cessation advice and signpost to local stop smoking services.		
		Sign and print name
ADOLESCENT SCREENING		
Other Concerns:		
		Child
		ETOH / Drugs Victim of Violence Violent behaviour Self-Harm / Mental Health Disability
		Parents/ Carers
		ETOH / Drugs Victim of Violence Domestic Violence Adult Mental Health Chronic Illness
		Sign and print name
POLICE STATION AND CAD NUMBER (when appropriate):		

CHILDREN'S EMERGENCY DEPARTMENT – HEAD INJURY

NAME:

HOSPITAL NUMBER

If the Glasgow Coma Score is 8 or less (= Coma) call the on-call anaesthetist immediately



Date														Date					
Time														Time					
Temp														Temp					
HR / BP	200																200	HR / BP	
	190																		190
	180																		180
	170																		170
	160																		160
	150																		150
	140																		140
	130																		130
	120																		120
	110																		110
	100																		100
	90																		90
	80																		80
70																	70		
60																	60		
50																	50		
40																	40		
CCRT														CCRT					
Resp	RR																	RR	Resp
	Conc. O ₂																	Conc. O ₂	
	SaO ₂																	SaO ₂	
	Stridor																	Stridor	
	Grunting																	Grunting	
	Head Bob																	Head Bob	
	Tracheal Tug																	Tracheal Tug	
	Nasal Flaring																	Nasal Flaring	
	IC Rec.																	IC Rec.	
	SC Rec.																	SC Rec.	
EYES OPEN	Spontaneous	4																4	EYES OPEN
	To speech	3																3	
	To pain	2																2	
	None	1																1	
BEST VERBAL RESPONSE	Orientated	5																5	BEST VERBAL RESPONSE
	Confused	4																4	
	Inappropriate words	3																3	
	Sounds only	2																2	
	None	1																1	
BEST MOTOR RESPONSE (RECORD BEST ARM)	Obey commands	6																6	BEST MOTOR RESPONSE (RECORD BEST ARM)
	Localise pain	5																5	
	Normal flexion	4																4	
	Abnormal flexion	3																3	
	Extension	2																2	
	None	1																1	
Coma Scale Total														Coma Scale Total					
Size (mm)	R																	R	+ = Reacts - = No react SI = Sluggis
Reaction																			
Size (mm)	L																	L	
Reaction																			
Capillary Blood Glucose														Capillary Blood Glucose					
Pain Score PEWS														Pain Score PEWS					
OBSERVERS INITIALS:														OBSERVERS INITIALS:					

**CHILDREN'S EMERGENCY DEPARTMENT – HEAD INJURY
SCORING ACTIVITIES FOR THE PAEDIATRIC GLASGOW COMA SCALE**

Eye Opening		Scored 1-4
Spontaneously	4	eyes open without need of stimulus
To speech	3	eyes open to verbal stimulus (normal, raised or repeated)
To pain	2	eyes open to pain
None	1	no eye opening to verbal or painful stimuli

Verbal response		Scored 1-5
Orientated	5	Smiles, oriented to sounds, follows objects, interacts
Confused	4	Cries but consolable, inappropriate interactions.
Inappropriate words	3	Inconsistently inconsolable, moaning
Sounds only	2	Inconsolable, agitated
None	1	No verbal response.

Motor response		Scored 1-6
Obeys commands	6	Infant moves spontaneously or purposefully
Localises	5	Infant withdraws from touch
Normal flexion	4	Infant withdraws from pain
Abnormal flexion	3	Abnormal flexion to pain for an infant (decorticate response)
Extension	2	Extension to pain (decerebrate response)
None	1	No motor response

(Minimum score = 3 Maximum score = 15)

NB: GCS OF 14 OR BELOW SHOULD BE REPORTED TO NURSE IN CHARGE

PAEDIATRIC EARLY WARNING SCORE (PEWS)

TO BE COMPLETED ON ANY CHILD BEING ADMITTED TO WARD OR PACU

	0	1	2	3
Behaviour	Playing / Appropriate.	Sleeping	Irritable or Parents concerned.	Lethargic/ Confused Reduced response to pain
Cardiovascular	Pink or Central capillary refill 1-2 seconds	Pale or Central capillary refill 3 seconds	Grey or capillary refill 4 seconds. Tachycardia of 20 above normal rate.	Grey and mottled or capillary refill 5 seconds or above. Tachycardia of 30 above normal rate or bradycardia.
Respiratory	Within normal parameters, no recession or tracheal tug	> 10 above mean, Using accessory muscles, 30+% FiO2 or 4+ litres/min.	>20 above mean, recessing and tracheal tug. Or needing 40+% FiO2 or 6+ litres/min.	>30 above or 5 below mean with sternal recession, tracheal tug or grunting. Or needing 50% FiO2 or 8 + litres/min.

Age	Heart rate	Respiratory Rate (at rest)
Infant <1yrs	110 -160	30-40
Toddler 1-2yrs	100 - 150	25-35
Preschool 2-5	95 - 140	25-30
School 5-12yrs	80 - 120	20-25
Adolescent >12	60 - 100	15-20

PEW Score	Action
0-1	<ul style="list-style-type: none"> Continue observation and PEWS monitoring
2	<ul style="list-style-type: none"> Inform the nurse in-charge of Children's ED , continue PEWS monitoring
3	<ul style="list-style-type: none"> Inform the nurse in-charge of Children's ED Inform the nurse in-charge of the receiving ward. Inform the paediatric Registrar on bleep 3111, if not available contact paediatric SHO (Bleep 3342). Consider requesting review prior to transfer if child deteriorating.
4	<ul style="list-style-type: none"> Inform the paediatric Registrar on bleep 3111, if not available contact paediatric SHO (Bleep 3342) and request review prior to transfer from Children's ED Registrar to consider discussing with attending / on-call consultant +/- senior anaesthetic review Inform the nurse in-charge of Children's ED Inform the nurse in-charge of the receiving ward
≥4	<ul style="list-style-type: none"> Fast bleep paediatric registrar (bleep 3111)/SHO (bleep 3342) Consider paediatric cardiac arrest call (ext 2222)

CHILDREN'S EMERGENCY DEPARTMENT – HEAD INJURY

NAME:

HOSPITAL NUMBER:

History from: Patient Parent Other.....

Injury: Date Time Examination: Date Time

History of Mechanism: ***If significant mechanism of injury (fall from height etc) – put out a TRAUMA CALL***

Past Medical History

None Other:
 Immunisations Up to date List of missing immunisations:

Drug history:

None On Warfarin

Drug Allergies:

None Allergies:

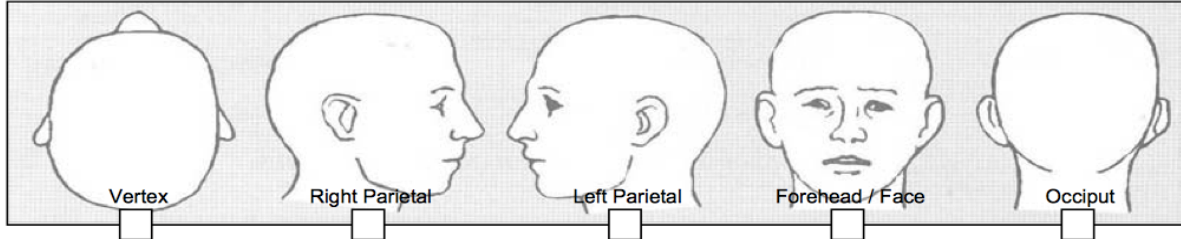
List drugs:.....

Social history

Safeguarding Screening–Please document on page 1

Examination

Tick the boxes corresponding to the injured areas, and illustrate with appropriate measurements of lacerations and bruises in cms:



Neurological Assessment

Pupils
 Paediatric GCS (see page 3 for guidance): E /4 V /5 M /6 Total /15
 Upper limb Lower limb
 Cranial Nerves

CHILDREN'S EMERGENCY DEPARTMENT – HEAD INJURY





CLINICAL NOTES

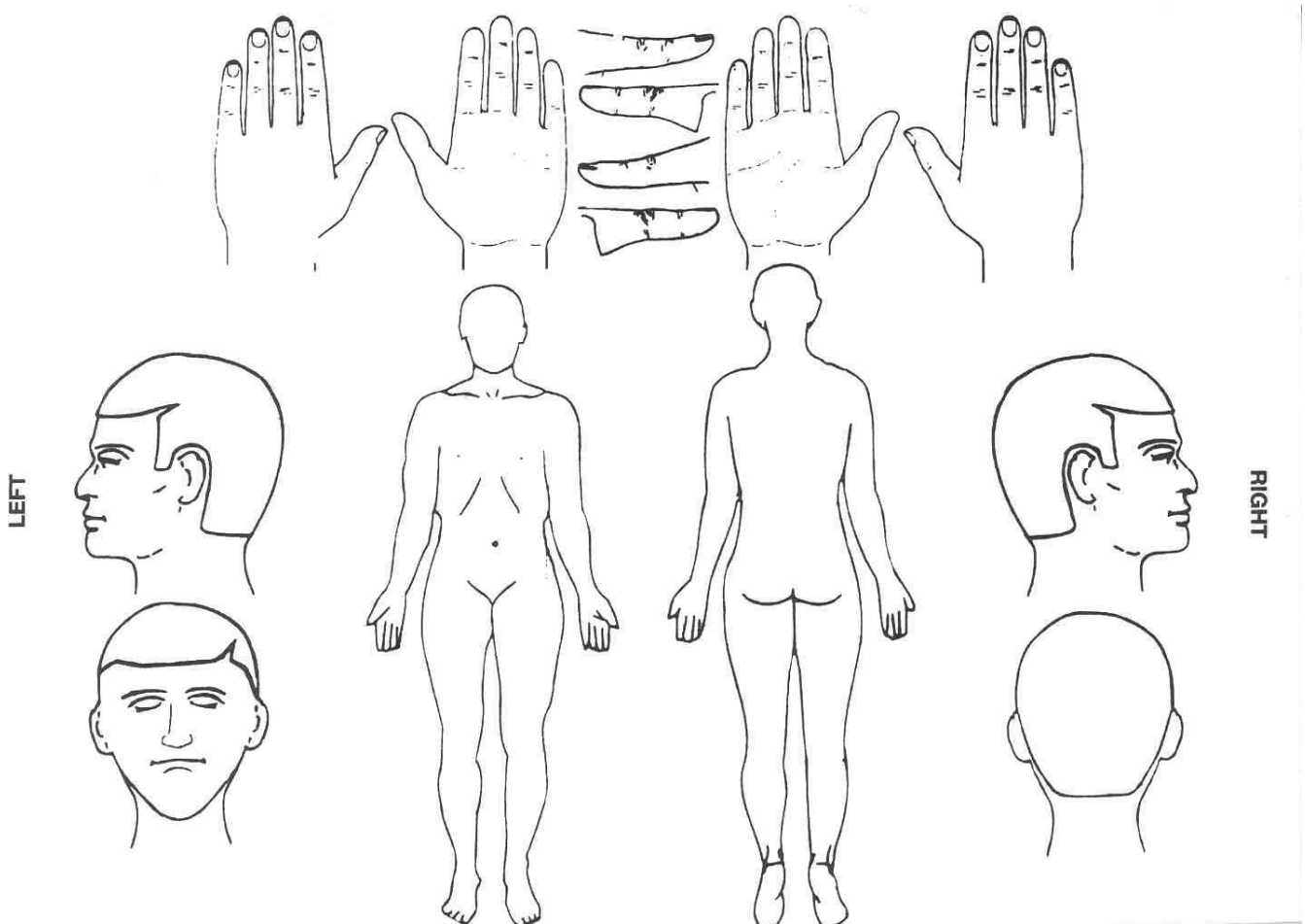
DATE AND TIME (24 hr clock)	PATIENT NAME		Sign and print name / job title for every entry	
	HOSPITAL No.			
Part A	CRAFFT Screening Interview	0	1	
	Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	© Children’s Hospital Boston, 2009. Reproduced courtesy of the Centre for Adolescent Substance Abuse Research, Children’s Hospital Boston Sign and print name
	Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
	Do you ever use alcohol or drugs while you are by yourself, or ALONE ?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
	Do you ever FORGET things you did while using alcohol or drugs?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
	Have you ever got into TROUBLE while you were using alcohol or drugs?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
	Total Score			
	If total score ≥ 2 , complete referral to child’s local community drug & alcohol service and place details of child in safeguarding folder in children’s emergency department.			
Part B	Mood Interview	0	1	
	In the past 7 days:			Sign and print name
	Have you stopped looking forward with enjoyment to things?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
	Have you been anxious, worried or scared for no good reason?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
	Have things been getting on top of you?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
	Have you been so unhappy you’ve had difficulty sleeping?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
	Total Score			
	If total score ≥ 1 - ask child “Would you like to talk to someone about this sometime soon?”	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
	If yes , complete referral form for Whittington paediatric mental health team, give child information leaflet, and place details of child in safeguarding folder in children’s emergency department. NB if worried child at risk of harm, refer to paediatric SpR before discharge			
	If no , Do not refer but give child information leaflet, and place details of child in safeguarding folder in children’s emergency department.			
Part C	Punch Interview	Be curious & encourage open responses		
	What was the trigger?			
	Did punching something/someone make you feel better, worse or the same?			
	How many times have you done it?			
	What/who have you hit?			
	Have you asked anyone for help?			
	Have you harmed yourself in any other way?			
	If completed interview indicates child has low mood – follow advice in part B If completed interview indicates child is self-harming – follow advice in part D If no concerns of low mood or self harm, place details of child in safeguarding folder in children’s emergency department.		Sign and print name	
Part D	Deliberate Self Harm Interview			
	If concerns of possible self-harm, discuss with Nurse in charge of shift and refer to the Trusts Children & Young Persons Self Harm policy for further advice.		Sign and print name	

CLINICAL NOTES

DATE & TIME (24 hr clock)	PATIENT NAME	
	HOSPITAL No.	

PAIN SCORE

	No Pain	Mild Pain	Moderate Pain	Severe Pain
Faces Scale				
Whittington Pain Score	0	1	2	3
Behaviour	<ul style="list-style-type: none"> • Normal activity • No ↓ movement • Happy 	<ul style="list-style-type: none"> • Rubbing affected area • ↓ movement • Neutral expression • Able to play/talk normally 	<ul style="list-style-type: none"> • Protective of affected area • ↓ movement • Quiet • Complaining of pain • Consolable crying • Grimaces when affected part moved/ touched 	<ul style="list-style-type: none"> • No movement or defensive of affected part • Looks frightened • Very quiet • Restless, unsettled • Complaining of lots of pain • Inconsolable crying
Pain scores of 2 and 3 require prescribed medication intervention. Effectiveness of the medication MUST be recorded in the records				



CHILDREN'S EMERGENCY DEPARTMENT – HEAD INJURY

CLINICAL NOTES

	PATIENT NAME	
	HOSPITAL No.	

CANNULA INSERTION RECORD

INSERTION SITE =	
Date & time of insertion:	
Rationale for IV access:	
No. of attempts:	
Aseptic non touch technique:	<input type="checkbox"/>
Hand decontamination:	<input type="checkbox"/>
Skin prep with 2% chlorhexidine 70% alcohol	<input type="checkbox"/>
Skin prep allowed to dry:	<input type="checkbox"/>
Inserted by (PRINT)	
Signature:	job title:
Date and time of removal:	
Signature:	

URINALYSIS RESULTS

pH		
Blood		
Protein		
Nitrates		
Leucocytes		
Glucose		
Ketones		
βHCG	Negative <input type="checkbox"/>	Positive <input type="checkbox"/>
MSU Sent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If MSU sent remember to place details in Results folder		Signature:

BLOOD GASES

NORMAL VALUES

TIME	#	#	#	#
Sample	#	#	#	#
pH	#	#	#	7.35 - 7.45
PCO ₂	#	#	#	4.27 - 6.41
PO ₂	#	#	#	11.1 - 14.4
HCO ₃	#	#	#	24 - 30
BASE EXCESS	#	#	#	+ / -2
SaO ₂	#	#	#	95.0 - 99.0
Na+	#	#	#	136 - 146
K+	#	#	#	3.5 - 5.0
Cl-	#	#	#	98-108
Ionised Ca	#	#	#	1.12 - 1.32
GLUCOSE	#	#	#	3.9 - 5.8
LACTATE	#	#	#	0.5 - 1.6

BIOCHEMISTRY

HAEMATOLOGY

NB Check against age normal reference ranges	
Na	Hb
K	WBC
Urea	Neut
Creat	Lymph
Glucose	Platelets
CRP	MCV
Albumin	INR
Bilirubin	PPT
ALT	PTT ratio
Alk Phos	D. fibrinogen
Corr. Ca	
Phosphate	
Paracetamol	
Salicylate	

DRUGS PRESCRIBED / ADMINISTERED

Date	Name	Dose	Route	Clinician signature	Given by	Time given

INTRAVENOUS FLUIDS RECORD

Infusion fluid	Additives	Volume	Rate	Clinician signature	Given by	Start	Finish

CHILDREN'S EMERGENCY DEPARTMENT – HEAD INJURY

SBAR ED to WARD HANDOVER FORM

Date:..... Time:..... (24 hour clock)

S	<p>Situation presented in ED with:</p> <p>My name is..... & I would like to give you a handover for (print patient name) Age..... and has a working diagnosis of:.....</p>
B	<p>Background</p> <p>Patient presented in ED with.....</p> <p>The patients relevant medical history is </p> <p>Patient is now : stable / unwell etc (give details of current condition)</p> <p>Give a brief summary of treatment to date</p>
A	<p>Assessment</p> <p>Airway: Clear / partial obstruction/ intubated</p> <p>Breathing: Resp rate..... /min. SpO₂..... % on.....O₂/min Effort/work of breathing(normal/increased e.g. recession/accessory muscles)</p> <p>Circulation: HR...../min B/P..... IV Fluid (Fluid Balance).....</p> <p>Disability: GCS/AVPU..... BMmmol. Drugs/Medications.....</p> <p>Exposure: Temperature</p> <p>PEWS Score:</p>
R	<p>Recommendation</p> <p>The patient requires </p> <p>(state any prescribed treatments & anything else outstanding e.g. urine sample)</p> <p>NOK details.....</p> <p>Aware / not aware of admission?</p>
<p>Any Safeguarding concerns: </p>	
<p>Any Additional information: CPE Screen <input type="checkbox"/> </p>	
<p>SBAR handover given by.....to..... Sign & print name Sign & print name</p>	

TRANSFER TO INPATIENT WARD		
ARRIVAL DATE:	TIME:	WARD:
ED nurse Sign	Print name:.....	Job title
WARD nurse sign	Print name	Job title
DISCHARGE HOME CHECKLIST		
IV ACCESS REMOVED	yes / no / NA	
NOK / carer informed prior to discharge	yes / no / NA	
TTAs & care explained to NOK / carer	yes / NA	
Referral to Community Children's Nurse	yes / no / NA	
ED nurse Sign	Print name:.....	Job title

Discharge Head Injury Advice Leaflet for Parents

We think that it is alright for your child to leave hospital now. We have checked their symptoms and they seem well on the road to recovery. When you get them home it is very unlikely that they will have any further problems. But, if any of the following symptoms do return, we suggest you bring them back to their nearest hospital emergency department as soon as possible:

- unconsciousness, or lack of full consciousness (for example, problems keeping eyes open)
- drowsiness (feeling sleepy) that goes on for longer than 1 hour when they would normally be wide awake
- difficulty waking the patient up
- problems understanding or speaking
- loss of balance or problems walking weakness in one or more arms or legs problems with their eyesight
- painful headache that won't go away vomiting (being sick)
- seizures (also known as convulsions or fits)
- clear fluid coming out of their ear or nose bleeding from one or both ears.

Things you shouldn't worry about

They may feel some other symptoms over the next few days which should disappear in the next 2 weeks. These include a mild headache, feeling sick (without vomiting), dizziness, irritability or bad temper, problems concentrating or problems with their memory, tiredness, lack of appetite or problems sleeping. If you feel very concerned about any of these symptoms in the first few days after discharge, you should bring the patient to their doctor. **If these problems do not go away after 2 weeks, you should bring the patient to see their GP.**

Things that will help the patient get better

If the patient follows this advice it should help them get better more quickly and it may help any symptoms they have to go away:

- DO have plenty of rest and avoid stressful situations.
DO NOT take sleeping pills, sedatives or tranquilisers unless they are given by a doctor.
- DO NOT play any contact sport (for example, football) for at least 3 weeks without talking to your doctor first.

Things you should do to make sure the patient is OK

- DO NOT allow them to return to school until you feel they have completely recovered.
- DO NOT leave the patient alone in the home for the first 24 hours after leaving hospital.
- DO make sure that there is a nearby telephone and that the patient stays within easy reach of medical help.

Long-term problems - these are very rare events.

- Most patients recover quickly from their accident and experience no long-term problems. However, some patients only develop problems after a few weeks or months. If you start to feel that things are not quite right for your child (for example, memory problems, not feeling themselves), then please contact their doctor as soon as possible so that we can check to make sure they are recovering properly.
- You can find further support and information from the Child Brain Injury Trust:
- <http://childbraininjurytrust.org.uk/>

Reference:

© National Institute for Health and Care Excellence, 2014. 'Head injury', NICE clinical guideline 176. London (available at: www.guidance.nice.org.uk/CG176)