Clinical Assessment/ Management tool for Children



Management - Primary Care and Community Settings

Suspected/ Observed Head Injury? Refer immediately to Do the symptoms and/or signs suggest an immediately life threatening injury? Yes emergency care by 999 **Patient presents** Alert emergency department **History: Examination:** (see table 1) · Assess conscious level - GCS (see table 2) Stay with child whilst When? Mechanism of injury? or AVPU waiting and prepare · Loss of consciousness? Vomiting? Fitting? documentation Confused or repetitive speech? Persisting dizziness? · Skull integrity (bruises; wounds; boggy Amnesia (anterograde /retrograde)? swelling) + fontanelle assessment Worsening headache Are there **safeguarding concerns** · Signs of base of skull fracture Contact child Clotting disorder (e.g. delay in presentation; injury not protection / social · Signs of focal neurology Concern consistent with history or age/ services team Cervical spine developmental stage of child)? • If under 3 years, undress and examine fully

Table 1

GMC Best Practice recommends: Record your findings (See "Good Medical Practice" http://bit.ly/1DPXI2b)

	Green - low risk	Amber - intermediate risk	Red - high risk
Nature of injury and conscious level	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: fall from a height > 1m or greater than child's own height Alert but irritable and/or altered behaviour	Mechanism of injury: considered dangerous (high speed road traffic accident; >3m fall) GCS < 15 / altered level of consciousness Witnessed loss of consciousness lasting > 5mins Persisting abnormal drowsiness Post traumatic seizure
Symptoms & Signs	No more than 2 episodes of vomiting (>10 minutes apart) Minor bruising or minor cuts to the head	 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 should be considered as dangerous 	Skull fracture – open, closed or depressed Tense fontanelle (infants) Signs of basal skull fracture (haemotypanum, 'panda' eyes, CSF leakage from ears/ nose; Battle's sign (mastoid ecchymosis) Focal neurological deficit
Other		Clotting disorder Additional parent/carer support required	

Green Action

- Provide written and verbal advice (see advice sheet)
- · If concussion, provide advice about graded return to normal activities (see figure 1)
- Think "safeguarding" before sending home

Amber Action

· Send to ED for further assessment

Urgent Action

- Refer immediately to emergency care by 999
- Alert ED team
- Treat and stabilise in preparation for hospital transfer

Head Injury Pathway

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Table 2: Modified Glasgow Coma Scale for Infants and Children

	Child	Infant	Score
Eye opening	Spontaneous	Spontaneous	4
	To speech	To speech	3
	To pain only	To pain only	2
	No response	No response	1
Best verbal response	Oriented, appropriate	Coos and babbles	5
	Confused	irritable cries	4
	Inappropriate words	Cries to pain	3
	Incomprehensible sounds	Moans to pain	2
	No response	No response	1
Best motor	Obey commands	Moves spontaneously and purposefully	6
response*	Localises painful stimulus	Withdraws to touch	5
	Withdraws in response to pain	Withdraws to response in pain	4
	Flexion in response to pain	Abnormal flexion posture to pain	3
	Extension in response to pain	Abnormal extension posture to pain	2
	No response	No response	1

^{*} If patient is intubated, unconcious, or preverbal, the most important part of this scale is motor response. Motor response should be carefully evaluated.

Glossary of Terms			
ABC	Airways, Breathing, Circulation		
APLS	Advanced Paediatric Life Support		
AVPU	Alert Voice Pain Unresponsive		
B/P	Blood Pressure		
CPD	Continuous Professional Development		
CRT	Capillary Refill Time		
ED	Hospital Emergency Department		
GCS	Glasgow Coma Scale		
HR	Heart Rate		
MOI	Mechanism of Injury		
PEWS	Paediatric Early Warning Score		
RR	Respiratory Rate		
WBC	White Blood Cell Count		

Figure 2: suggested graded recovery regime following concussion (taken from BMJ 2016; 355 doi: https://doi.org/10.1136/bmj.i5629 (Published 16 November 2016)

