

# Head Injury Protocol: Adults and Children

- This protocol should be read alongside the Consent to Examination or Treatment Procedure.
- The Post-Falls Protocol should still be followed for any suspected falls.

**Observed or suspected head injury - with or without visible signs of a wound**

**Immediately perform an ABCDE Assessment of the patient using NEWS2 and Glasgow Coma Scale (GCS), and assess for 'Red Flags'**

**If 'Red Flag' signs or symptoms = Call (9)999 for an emergency ambulance.**

The patient should be accompanied to the Acute Hospital by a competent member of TEWV staff.

**If no 'Red Flags' = request immediate medical advice/assessment/examination by Doctor or Physical Healthcare Practitioner and provide details of assessment including NEWS2, GCS and details of any analgesia administered.**

**NOTE:** The outcome of medical advice/assessment may still result in the patient requiring transport to an Acute Hospital Emergency Department (for further review). Any patient who requires transport for a (suspected) head injury should be taken via ambulance and be accompanied by a competent member of TEWV staff.

**Ensure any further clinical assessment including subsequent NEWS2 and GCS is continued as directed by Doctor/ Physical Healthcare Practitioner, and as directed by the NEWS2 chart.**

**A responsible adult should stay with the patient for at least 24 hours and continue to monitor for 'Red Flags' (as these can take longer to present). Any new signs/symptoms should also be reported.**

**NOTE:** If the patient attends the Emergency Department, ensure that a 'Head Injury Leaflet' is brought back to the ward and any relevant advice is reiterated to the patient. Observed or suspected head injuries should be discussed at the next available 'Report Out'.

## Glasgow Coma Scale

For GCS Score, select the most appropriate score for each of the 3 responses detailed below and combine to make a total GCS score: Max 15, Min 3.

Response	Scale	Score
<b>Eye Response</b>	Eyes open spontaneously	4
	Eyes open to verbal command	3
	Eyes open to pain (not applied to face)	2
	No eye opening	1
<b>Verbal Response</b>	Oriented	5
	Confused conversation	4
	Inappropriate response/words	3
	Incomprehensible sounds	2
	No verbal response	1
<b>Motor Response</b>	Obeys commands	6
	Moves to localised painful stimuli	5
	Normal flexion (withdraws from painful stimuli)	4
	Abnormal (spastic) flexion	3
	Extensor (rigid) response	2
	No motor response	1
<b>TOTAL</b>		

**NOTE:** For some patients (e.g., those with dementia, neurological disorders or learning disabilities etc) the pre head injury baseline may be less than 15. Establish this baseline where possible and this should be taken into account during assessment.

## Red Flags

- GCS <15
- Any loss of consciousness
- Any suspected skull fracture: including open, depressed and/or basal skull fracture<sup>1</sup>
- Drug and/or alcohol intoxication
- Penetrating head injury
- High Impact head injury
- Unusual behaviour, drowsiness/confusion and/or agitation
- Post head injury seizure
- Any episodes of vomiting
- Changes in cognitive function and/or ability
- Any decreased sensation or focal neurological deficit<sup>2</sup>
- Persistent and/or severe headache
- A history of bleeding or clotting disorders
- Any previous brain surgery
- Currently prescribed anticoagulant medication<sup>3</sup> this includes low molecular weight heparin (LMWH)<sup>4</sup>
- Currently prescribed antiplatelet medication (except aspirin monotherapy treatment)<sup>5</sup>
- Amnesia of events before or after the head injury
- Safeguarding concerns
- Clinical concern from staff

<sup>1</sup> Bruising behind ear(s) and/or black eyes (bruising and swelling) and/or bleeding from ear(s) and/or discharge leaking from nose or ear(s)

<sup>2</sup> Lack of motor coordination, dizziness or balance difficulties, weakness, or numbness in arm(s) and/or leg(s), slurred speech, blurred, double or loss of vision, sudden deafness, abnormal reflexes, changes in usual mobility

<sup>3</sup> [Medication Safety Series: MSS11 - Direct Oral Anticoagulants](#)  
[Medication Safety Series: MSS5 - Warfarin](#)

<sup>4</sup> [LMWHs](#)

<sup>5</sup> [Antiplatelets](#)

**NOTE:** If a patient with a head injury is intoxicated (drugs or alcohol) - THEY STILL MEET THE CRITERIA.

Title	Head Injury Protocol	NICE NG232 (2023)	Kizzie Hodgson
Approved by	Physical Health Group	Date of Approval	04 November 2024
Protocol Number	CLIN-0097-v2.2	Date of Review	31 May 2025

*Appendix 1 – Equality Analysis Screening Form*

**Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet**

Section 1	Scope
Name of service area/directorate/department	Nursing and Governance/Physical Healthcare/Resuscitation
Title	Head Injury Protocol
Type	Other – protocol
Geographical area covered	Trustwide
Aims and objectives	<p>To standardise practice for all clinical staff for the management of head injuries and/or suspected head injuries in adults and children.</p> <p>To ensure that patients with a head injury or a suspected head injury receive safe, effective and appropriate care that is supported by current national guidance and best practice.</p> <p>To reduce the clinical risk(s) associated with inappropriately managed head injuries and/or suspected head injuries.</p>
Start date of Equality Analysis Screening	16 June 2023
End date of Equality Analysis Screening	19 June 2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	<p>The Protocol benefits service users by standardising the processes/interventions required by staff for the management of a head injury and/or suspected head injury. The information contained within the Protocol is also aimed at reducing the clinical risk(s) associated with inappropriately managing head injuries and/or suspected head injuries. Similarly, the information within the Protocol will help facilitate early detection and timely management of any clinical deterioration of patients with a head injury and/or a suspected head injury and will ensure that patients receive safe, effective and appropriate interventions that are supported by current national guidance and best practice.</p>
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or	<ul style="list-style-type: none"> <li><b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> </ul>

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Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men, women and gender neutral etc.) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) <b>NO</b></li> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Armed Forces</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> </ul>
Describe any negative impacts	None – The Protocol will not impact negatively on any of the protected characteristic groups.
Describe any positive impacts	The positive impacts of the Protocol are: Patients who have sustained a head injury or where there is suspicion that a head injury has been sustained receive safe, effective and appropriate care that is supported by current national guidance and best practice.

<b>Section 3</b>	<b>Research and involvement</b>
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	NICE CG176 JRCALC 2020 NICE NG232 (2023) (updated 04 Nov 2024)

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Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	no
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	No – Given that this Trust guideline has been produced in accordance with the Head Injury: Assessment and Early Management Clinical Guideline 176 (National Institute for Health and Care Excellence (NICE), 2014, updated 2023), and also, the Joint Royal Colleges Ambulance Committee (JRCALC), 2020, there has been no consultation with service users/stakeholders in terms of the document. The said Protocol is therefore a standardised approach that enables clinical staff working within TEWV NHS Foundation Trust to adhere to national, recommended best practice and guidance.

<b>Section 4</b>	<b>Training needs</b>
As part of this equality analysis have any training needs/service needs been identified?	No - There are no specific training needs identified for this specific protocol. However, some of the required interventions within the protocol may be cross-referenced as training needs specific to other procedures, guidelines and/or policies
Describe any training needs for Trust staff	Please see Q5
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

**Check the information you have provided and ensure additional evidence can be provided if asked**

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