

Head injury/Fall observation chart

This is a nine page document intended to support observation in the care home post fall/Head injury

Any answers to any observations as **YES** require further review by GP/Teletriage Team

In emergency call 999



Wirral Community
Health and Care
NHS Foundation Trust

Teletriage advice for care home Residents Head Injury Bundle (Adult)

Your resident has been reviewed by the Teletriage team following a minor head injury. We have checked the resident's symptoms and they seem well on the road to recovery. It is unlikely that they will have any further problems. It is therefore safe for them to be observed in the care home today.

Please print off this document and complete the Head injury/Fall observation chart over the next 24 hours to monitor resident. This document is to be part of the residents care record.

Home carer advice

Please review your resident half hourly for two hours after injury. Hourly for four hours, then four hourly for up to 24 hours following head injury. Please ensure you observe any specific safety netting advice given by the Teletriage service. And seek further review with the Teletriage team if you have any queries

Emma James 2020

If unable to mobilise resident following fall review is required by a health care professional in all cases,

New pain requires review by a health care professional in all cases: consider TT/GP if clinically stable and **without** red flags of head injury

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However, if your resident develops any of the following symptoms, we suggest that they attend your nearest A&E department as soon as possible:

- **Unconsciousness or lack of full consciousness** (e.g. New problems keeping eyes open)
- **Any NEW confusion**(not knowing where they are, getting things muddled up)
- **Vomiting** (being sick) more than once
- **Headache-** headaches are common after a head injury, but if severe and unrelieved by Paracetamol, please call back Teletriage for further assessment
- **Drowsiness-**(feeling sleepy) that goes on for longer than 1 hour when they would normally be wide awake.
- **Any (NEW) problems speaking or understanding**
- **Fits or Convulsions** (collapsing or passing out suddenly)
- **Any NEW weakness-** in one or more arms or legs.
- **Any NEW loss of balance or problems walking**
- **Any NEW problems with their eye sight-** such as blurring of vision or double vision.
- **Blood or clear fluid leaking from the nose or ear.**
- **New deafness-** in 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 your 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 have them reviewed by their own doctor or our Teletriage team to discuss this further. If these problems do not go away after 2 weeks, you should seek a full review with the resident's doctor.

Things that will help the resident get better :

Please monitor and refer back to Teletriage or 999 if appropriate following your assessment. However please:

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Allow your resident to rest and avoid stressful situations.

Do not give the resident any alcohol

Please ensure the appropriate Health care professional (HCP) has reviewed this resident and if patient is prescribed sleeping pills, sedatives or tranquilisers and ensure the Health Care Professional is happy for the patient to receive them following minor head injury.- The Teletriage nurses can liaise with Medical colleagues as part of their assessment if your resident is prescribed these medications.

You should give your resident simple painkillers as prescribed (or utilizing your homely remedies policy), such as Paracetamol for headaches. Painkillers are more effective if taken regularly, but do not exceed the maximum daily dose and please discuss the resident's analgesia options with the G.P/Clinician or Pharmacist.

Long-term problems

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 example, memory problems, not feeling themselves), then please contact your doctor as soon as possible so that they can check to make sure they are recovering properly.

You can find further information on the NICE guidance for Head injury

<https://www.nice.org.uk/guidance/cg176>

Leaflet by:

The Teletriage service

Wirral Urgent and Primary Care

Wirral Community Health and Care NHS Foundation Trust

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Please contact your GP or Teletriage for any queries or concerns.

Reference: Head injury: Triage, assessment, investigation and early management of head injury in children, young people and adults, National Institute for Clinical Excellence (NICE), Clinical Guideline 176, January 2014. Updated June 2017

www.wuth.nhs.uk-- Emergency Department Patient Information Booklet

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Please retain this leaflet for future reference

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Observation Post fall Date_____	At time of fall _____	30 mins after fall _____	1 hour after fall _____	90 mins after fall _____	Two hours after fall _____	Three hours after fall _____	Four hours after fall _____	Five hours after fall _____	Six hours After fall _____
On oral anticoagulant medication	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Suffered loss of consciousness from fall	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Seizure following fall	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
New change in conscious level after fall	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
“Boggy” poorly defined pulpy lump to the head	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Bleeding including from ears/nose	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Excessive bruising around eyes/behind ears	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

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	At time of fall _____	30 mins after fall _____	1 hour after fall _____	90 mins after fall _____	Two hours after fall _____	Three hours after fall _____	Four hours after fall _____	Five hours after fall _____	Six hours After fall _____
Any new change in behaviour Irritability/confusion	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Continuous vomiting	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Headache	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Change in pupil appearance	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Patient unable to get patient off the floor	Y/N	Y/N							
Suspicion of broken bone	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Pain following fall	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

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Observation Post fall Date_____	Obs ten hours post fall	Fourteen hours post fall	Eighteen hours post fall	Twenty two hours post fall
On oral anticoagulant medication	Y/N	Y/N	Y/N	Y/N
Suffered loss of consciousness from fall	Y/N	Y/N	Y/N	Y/N
Seizure following fall	Y/N	Y/N	Y/N	Y/N
New change in conscious level after fall	Y/N	Y/N	Y/N	Y/N
“Boggy” poorly defined pulpy lump to the head	Y/N	Y/N	Y/N	Y/N
Bleeding including from ears/nose	Y/N	Y/N	Y/N	Y/N
Excessive bruising around eyes/behind ears	Y/N	Y/N	Y/N	Y/N

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Continuous vomiting	Y/N	Y/N	Y/N	Y/N
Headache	Y/N	Y/N	Y/N	Y/N
Change in pupil appearance	Y/N	Y/N	Y/N	Y/N
Suspicion of broken bone	Y/N	Y/N	Y/N	Y/N
Pain following fall	Y/N	Y/N	Y/N	Y/N

<p><u>Notes for any other observed concerns at 24 hours</u></p> <p>Did this resident need further review from GP/TT Team? Y/N</p> <p>Date and time of further escalation if required</p> <hr/> <p>—</p>
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