

		<i>Nurse Practitioner- Emergency Services</i> CLINICAL PRACTICE GUIDELINE MINOR HEAD INJURY	Swan Kalamunda Health Service
		Scope	Outcomes
Nurse Practitioner	Minor head injury <ul style="list-style-type: none"> Brief LOC GCS 15 	Identify patients suitable for NP (Emergency) CPG	
Medical Practitioner +/- Nurse Practitioner	<ul style="list-style-type: none"> Underlying medical pathology / complex patient Multiple injuries Altered conscious state including effects of drugs/ ETOH History consistent with collapse/fitting/ syncope GCS <15 Anticoagulant therapy 	Identify patients not suitable for NP (Emergency) CPG and redirect to usual ED care +/- NP in team.	
		Assessment & intervention	
Primary Survey	<ul style="list-style-type: none"> Airway Breathing Circulation Cervical spine Disability Environment 	Abnormal primary survey identified → exit CPG. Immediate referral to EP.	
History	<ul style="list-style-type: none"> Mechanism of injuries sustained Time of injury Loss or alteration in conscious state – duration Seizure activity – duration, description Condition since injury – nausea, vomiting, amnesic Treatment given pre hospital Allergies / Immunisation status Relevant past medical history / medication use Last food/fluids 	Identify patients not suitable for NP (Emergency) CPG → exit CPG. Refer to EP.	
Focused clinical assessment	<ul style="list-style-type: none"> Pupil size, equality and reactivity and look for other focal signs Perform secondary survey including cervical spine for central bony tenderness Motor function assessment Head, neck and scalp examination include ears and nose for blood or otorrhea / rhinorrhea Document GCS ^[1] NICE CT Head Rules ^[2, 3] – (See Appendix) In view of referral to ED Consultant if criteria met 	Identify patients for alternative CPG or exit CPG with referral to senior ED Doctor Determine need for CT and referral to EP. → exit CPG	
Pain Assessment	Pain scale	Determine need for and type of analgesia	
Analgesia and wound care	Administration of analgesia (see medications) See Open Wounds CPG	Reduction / relief of pain.	

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Investigations		
Imaging and Pathology	No imaging or pathology routinely required	
Interpretation of Results and Management Decisions		
Minimal head injury GCS 15 and normal alertness and memory, and no neurological deficit, and no palpable depressed # or other sign of skull #. ^[1]	NP (Emergency) review with view to discharge into care of responsible adult. <ul style="list-style-type: none"> Pt education /health promotion Medication prescribed as per formulary Follow up appointment with LMO Appropriate dressing if required 	Ensure patient understands problem, treatment, and follow up and is safe for discharge home.
Referral	Referral if appropriate to <ul style="list-style-type: none"> Social work Interpreter Allied health Diabetic educator Drug and ETOH counsellor etc. 	
Patient Education / Discharge Information (Verbal & Written)		
When to return instructions	Verbal and written instructions to report immediately is the following problems ^[1] <ul style="list-style-type: none"> Persistent vomiting (more than twice) Drowsiness – unable to be woken up completely Confusion, disorientation, slurred speech Increased headache (not relieved by standard dose paracetamol or Ibuprofen) Localised weakness, altered sensation or coordination Blurred or changes in vision Seizures Neck stiffness Discharged into care of competent adult who is given and understands information sheet. 	Patient understands treatment and follows up and is discharged safely.
Follow-up Appointments	<ul style="list-style-type: none"> Verbal instructions from NP (Emergency) Written instructions for GP review (if applicable) 	
Medication Instructions	<ul style="list-style-type: none"> Verbal instructions from NP (Emergency) 	
Letters	Letter to GP	
Certificates	<ul style="list-style-type: none"> Absence from work certificates WC certificate 	

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Medication

Should pharmaceutical treatment be necessary, the prescriber should refer to the current version of the 'Therapeutic Guidelines'

All medication will be stored, labelled and dispensed in accordance with hospital policy and relevant legislation⁽⁵⁾

Nonsignificant and mild head injuries resulting in headache usually respond to regular use of paracetamol in standard doses

Approved medications for nurse practitioner use within this clinical guideline include;

Analgesia

Paracetamol

Clinical audit evaluation strategies		
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Unexpected representation	Emergency Department attendance register and ED NP clinical log	
Missed problem	Emergency Department X-ray review	

References		
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1. Kennedy, M. and A. Annunziata, *Neurotrauma*, in *Textbook of Adult Emergency Medicine 2nd Edition*. 2004, Churchill Livingstone: Sydney. p. 47-51.
2. *Head Injury: Triage, assessment, investigation and early management of head injury in infants, children and adults*. [National Guidelines Clearinghouse] [cited 2006, Mar 13]; Available from: <http://www.guidelines.gov>.
3. *Head Injury: triage, assessment, investigation and early management of head injury in infants, children and adults*. Clinical Practice Algorithm no. 3. Selection of patients with a head injury for CT imaging of the head. National Institute for Clinical Excellence. Available from: <http://www.nice.org.uk/page.aspx?o=74668>
4. JHC *Hospital Medication Storage and Administration Policy*. Available via Hospital Intranet
5. eMIMS 2006 [cited 2006 Mar 16]; Available via Hospital Intranet

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<p>This CPG has been reviewed and is endorsed by nurse practitioner clinical practice guidelines committee Swan/Kalamunda Health Service</p> <hr/> <p>KEY TO TERMS</p> <p>ED NPC- Emergency Department Nurse Practitioner Candidate EP- Emergency Physician PS- Pain Score S1-S4- Schedule of the drug administration act LMO- Local Medical Officer OP- Outpatients CPG- Clinical Practice Guideline WC- Work cover MVIT- Motor vehicle insurance trust DVA- Department of Veteran Affairs</p>	<p>Approved by Executive Committee for NP CPGs</p> <p>Dr John Keenan Director of Clinical Services</p> <p>Signature_____ Date _____</p> <p>Annemarie Alexander Director of Nursing and Midwifery Services</p> <p>Signature_____ Date _____</p> <p>Halena Halton Nurse Practitioner</p> <p>Signature_____ Date _____</p> <p>Robin Moon Nurse Practitioner</p> <p>Signature_____ Date _____</p>
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<p>Key to Terms</p> <p>CPG- Clinical Practice Guideline DVA- Department of Veteran Affairs EP- Emergency Physician PS- Pain Score S1-S4- Schedule of the drug administration act LMO- Local Medical Officer MVIT – Motor Vehicle Insurance Trust NP (Emergency)- Nurse Practitioner – Emergency Services OP- Outpatients WC- Workers Compensation</p>	<p>Appendix</p> <p>NICE criteria for CT imaging of the head</p>
<p>Date written: Sep 2006 Reviewed: April 2010</p>	<p>Review date: April 2012</p>

APPENDICES

NICE criteria for CT imaging of the head in head injury ^[3]

