History

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Mechanism In moderate and severe TBI, a history must be obtained from witnesses and paramedics. High-energy mechanisms of injury , including a fall from a height or a high-speed road accident, will require careful clinical and radiological exclusion of associated multisystem and spinal injury (see Chapters 27 and 30). In the case of road tra ffi c accidents in particular, extraction time and evidence of hypoxia or haemodynamic instability at the scene is important information to obtain from the paramedics. Falls such as myocardial infarction, hypoglycaemia or subarachnoid haemorrhage, with crucial implications for management. Neurological progression A specific check should be made for any loss of consciousness at the time of injury and its duration. The GCS score and pupil responses should be recorded at the scene, during transfer, at admission and regularly thereafter. A deterioration in the GCS score is an important index of developing a potentially reversible secondary injury . It is also useful to assess the extent of amnesia, retrograde (events prior to the injury) and antero grade (events afterwards). If the patient was intubated at the scene of the accident, it is valuable to know whether the patient was moving all four limbs before this. Past medical history Obtain details of the patient’s medical background, including allergies and normal medications. Of particular note here are antiplatelet agents, potentially requiring platelet transfusion especially if surgery is required, and anticoagulants, which may need reversal. Summary box 28.3 History /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

Bystanders and paramedics may give vital information on the: Preinjury state (/f_i ts, alcohol, chest pain) Mechanism and energy involved in the injury (speed of vehicles, height fallen) Conscious state and haemodynamic stability of the patient after the accident Length of time taken for extrication Check the medication history, especially anticoagulants and antiplatelet agents

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Revision #1
Created 2025-12-31 15:12:17 UTC by Omar Ayman
Updated 2025-12-31 15:12:17 UTC by Omar Ayman