

# MINOR AND MILD HEAD INJURY

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After exclusion of associated cervical spine injury, it is important to consider the possibility of a 'lucid interval' that may precede delayed deterioration due to an expanding intracranial haematoma. In general, patients with isolated head injuries and without ongoing deficits can be safely discharged from the emergency department, provided they meet suitable criteria, Health and Care Excellence (NICE) (Table 28.2). Patients who do not meet all the discharge criteria will need admission for a further period of observation and/or brain imaging. Early computed tomography (CT) imaging is desirable in patients with a persistent reduced conscious level, focal deficits, suspected fractures or risk factors for intracranial bleed (Table 28.3). Significant clinical or radiological abnormalities should be discussed with the neurosurgical service. Many of these patients will struggle with features of concussion for a period after their injury, with headaches and somnolence typical. Follow-up by a head injury specialist nurse or equivalent is therefore desirable.

TABLE 28.2 UK National Institute for Health and Care Excellence discharge criteria in minor and mild head injury. GCS 15/15 with no focal deficits Normal CT brain if indicated (see Table 28.3) Patient not under the influence of alcohol or drugs Patient accompanied by a responsible adult Verbal and written head injury advice: seek medical attention if: Persistent/worsening headache despite analgesia Persistent vomiting Drowsiness Visual disturbance Limb weakness or numbness CT, computed tomography; GCS, Glasgow Coma Scale score. TABLE 28.3 UK National Institute for Health and Care Excellence (NICE) guidelines for computed tomography (CT) in head injury. Indications for CT imaging in head injury within 1 hour GCS <13 at any point GCS <15 at 2 hours Focal neurological deficit Suspected open, depressed or basal skull fracture More than one episode of vomiting Post-traumatic seizure Indications for CT imaging within 8 hours Age >65 Coagulopathy (e.g. aspirin, warfarin or rivaroxaban use) Dangerous mechanism of injury (e.g. fall from a height, RTA) Retrograde amnesia >30 minutes GCS, Glasgow Coma Scale score; RTA, road traffic accident.

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