Although the forensic physician or other appropriate healthcare professional considers that

is at present fit for detention, complications from a head injury are not always immediately obvious.

You are requested to rouse and speak with the detained person (obtaining a comprehensible verbal response) every 30 minutes (in accordance with Annex H to Code C of PACE Codes of Practice).

If the detained person:
• becomes UNCONSCIOUS
• becomes INCREASINGLY SLEEPY or DROWSY
• complains of PERSISTENT OR INCREASINGLY SEVERE HEADACHE
• complains of ANY VISUAL DISTURBANCE SUCH AS BLURRED or DOUBLE VISION
• VOMITS
• has a FIT
• exhibits behaviour that is of any concern

the forensic physician or other healthcare professional must be contacted urgently. If an immediate response from the doctor or healthcare professional is not obtained, the detained person must be at once transported, via an ambulance, to the nearest Emergency Department. When released from custody the detained person should be released to the care of a responsible adult and both should be given the attached guidance.
Head injury warning
Advice to forensic physician (FP) or other healthcare professional

Apr 2016 Review date Apr 2019 – check www.fflm.ac.uk for latest update

The medico-legal guidelines and recommendations published by the Faculty are for general information only. Appropriate specific advice should be sought from your medical defence organisation or professional association. The Faculty has one or more senior representatives of the MDOs on its Board, but for the avoidance of doubt, endorsement of the medico-legal guidelines or recommendations published by the Faculty has not been sought from any of the medical defence organisations.

Undiagnosed head injury remains a common cause of death and morbidity.

FPs and other HCPs should be aware of and take into account the NICE head injury clinical guideline Head injury: assessment and early management (NICE guidelines [CG176] Published date: January 2014)

A head injured patient should be referred to a hospital emergency department if any of the following risk factors are present (a head injury is defined as any trauma to the head, other than superficial injuries to the face):

- Any loss of consciousness (knocked out) as a result of the injury, from which the person has now recovered
- Amnesia for events before or after the injury
- Persistent headache since the injury
- Any vomiting episodes since the injury
- Any previous brain surgery
- Any history of bleeding or clotting disorders
- Current anticoagulant therapy such as warfarin
- Current drug or alcohol intoxication
- There are any safeguarding concerns
- Irritability or altered behaviour, particularly in infants and children aged under 5 years
- Unconsciousness or lack of full consciousness
- Any focal neurological deficit since the injury
- Any suspicion of a skull fracture or penetrating head injury
- Any seizure (‘convulsion’ or ‘fit’) since the injury

- A high-energy head injury
  For example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 metre or more than 5 stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism

If you decide that a detainee needs referral to hospital in connection with a head injury, the following is the minimum information that should be provided:

- History
- Pupillary size/reactions
- Glasgow Coma Score
- Any obvious limb weakness
- Pulse
- Injuries documented
- Blood pressure
- Blood glucose

Produced by Dr Jason Payne-James & Professor Paul Marks on behalf of FFLM
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Most head injuries do not lead to serious complications. However, you are advised to take the patient immediately to hospital if he/she exhibits any of the following:

- UNCONSCIOUSNESS or LACK OF FULL CONSCIOUSNESS
e.g. problems keeping their eyes open
- Any CONFUSION not knowing where they are, getting things muddled up
- Any apparent DROWSINESS or SLEEPINESS, which goes on for more than 1 hour when they would normally be wide awake
- DIFFICULTY WAKING the patient up
- Any PROBLEMS UNDERSTANDING OR SPEAKING
- Any LOSS OF BALANCE or PROBLEMS WALKING
- Any WEAKNESS in one or more arms or legs
- Any PROBLEMS WITH VISION
- VERY PAINFUL HEADACHE that won’t go away
- Any VOMITING
- Any FITS collapsing or passing out suddenly
- CLEAR FLUID COMING OUT OF THEIR EAR OR NOSE
- BLEEDING from one or both ears
- NEW DEAFNESS in one or both ears

When the patient is sleeping, you should arrange to observe him at two-hour intervals to establish:

- Does he/she appear to be breathing normally?
- Is he/she sleeping in a normal posture?
- Does he/she make the expected response when you rouse him/her gently?
- If you cannot satisfy yourself that the patient is sleeping normally, he/she should be wakened fully to be checked.