



Head Injury Warning

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.



Advice to patient

Head Injury Warning

The following advice must be followed after you have sustained a head injury to ensure your safe recovery and to minimise the risk of complications safety:

- **DO make sure you stay within easy reach of a telephone and medical help**
- **DO have plenty of rest and avoid stressful situations**
- **DO NOT take any alcohol or drugs**
- **DO NOT take sleeping tablets, sedatives or tranquillisers unless they are given by a doctor**
- **DO NOT play any contact sport (e.g. football) for at least three weeks without taking advice from your doctor first**
- **DO NOT return to your normal school, college or work activity until you feel you have completely recovered**
- **DO NOT drive a car, motorbike or bicycle or operate machinery unless you feel you have completely recovered**

Complications are not always immediately obvious following a **head injury**. Therefore (although you have been examined by a doctor or another healthcare professional) you are advised to stay with a **responsible** adult for the next **48 hours** and that person should be shown the guidance on the *Advice to responsible adult* card.



Head Injury Warning

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

FPs and HCPs should be aware of and take into account the NICE head injury clinical guideline *Head injury: Triage, assessment, investigation and early management of head injury in infants, children and adults* (<http://guidance.nice.org.uk/CG4>).

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

- Impaired consciousness (Glasgow Coma Score <15/15) at any time since injury
- Any focal neurological symptoms or signs (e.g. problems understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking)
- Any suspicion of a skull fracture or penetrating injury (e.g. CSF leak; black eye with no associated damage around the eyes; bleeding from or new deafness in one or both ears; mastoid haematoma; signs of penetrating injury; visible trauma to the scalp or skull of concern to the FP)
- Pre- or post-traumatic amnesia
- Persistent headache since the injury
- Any vomiting since the injury
- Medical co-morbidity (e.g. previous cranial surgery; anticoagulant therapy; bleeding or clotting disorder)
- High-energy head injury (e.g. fall from height of more than 1 m or five stairs)
- Current drug or alcohol intoxication
- Significant extracranial injuries
- Continuing uncertainty about the diagnosis after first assessment
- Age greater than 65 years

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



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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.