ARCHIVED 29 OCTOBER 2026

Faculty of Forensic & Legal Medicine

Head injury warning

Advice to custody officers, gaolers & detention officers

Mar 2023 Review date Mar 2026 – check www.fflm.ac.uk for latest update

Although the forensic physician or other appropriate healthcare professional considers that

_____

(Name and date of birth)

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 immediately 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.

Produced by Professor Jason Payne-James & Professor Paul Marks on behalf of FFLM
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Head injury warning

Advice to patient

Mar 2023 Review date Mar 2026 – check www.fflm.ac.uk for latest update

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.

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Advice to forensic physician (FP) or other healthcare professional

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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] Updated 13 September 2019).

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
  problems with memory
- 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
- Current drug or alcohol intoxication
- There are any safeguarding concerns
  for example, possible non-accidental injury or a vulnerable person is affected
- Irritability or altered behaviour, particularly in infants and children aged under 5 years
  easily distracted, not themselves, no concentration, no interest in things around them
- Unconsciousness or lack of full consciousness
  for example, problems keeping eyes open
- Any focal neurological deficit since the injury
  Problems restricted to a particular part of the body or a particular activity, for example, difficulties with 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 head injury
  Signs include clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the HCP
- 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

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Advice to responsible adult

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Most head injuries do not lead to serious complications. **However, you must take the patient** immediately to hospital if they exhibit 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 them at two-hour intervals to establish:

- Do they appear to be breathing normally?
- Are they sleeping in a normal posture?
- Do they make the expected response when you rouse them gently?
- If you cannot satisfy yourself that the patient is sleeping normally, they should be wakened fully to be checked.
- Further information can be sought at *Head injury and concussion – NHS* (www.nhs.uk)

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