



Head injury clinical pathway

For children > 2 years old

Date: Click here to enter text.		Time seen: Click here to enter text.	
Doctor: Click here to enter text.		Position: Choose an item.	
History: Click here to enter text.		Examination: Click here to enter text.	
Relevant medical history: Click here to enter text.			
Medications: Click here to enter text.		Investigations: Click here to enter text.	
Allergies: Click here to enter text.			
Impression/diagnosis: Click here to enter text.			
Management: Click here to enter text.			
Please check boxes electronically:			
<input type="checkbox"/>	Consult PCH Head injury guideline	<input type="checkbox"/>	Initial neuro obs frequency: _____
<input type="checkbox"/>	Discuss with senior emergency doctor	<input type="checkbox"/>	Prescribe analgesia (if applicable)
<input type="checkbox"/>	EBM bed request	<input type="checkbox"/>	Provide info sheets to parents
<input type="checkbox"/>	Inform shift coordinator of bed request	<input type="checkbox"/>	Commence Criteria Led Discharge paperwork (if suitable)
<input type="checkbox"/>		<input type="checkbox"/>	Start TEDs once admitted
Signature:			

