# Head Trauma – Level II

**HEAD TRAUMA**

**Level II**

*(No Level I)*

**Skill Level:** RN / LPN

**Definition:** Trauma to the head that may or may not result in any alteration of cerebral function.

<table>
<thead>
<tr>
<th>Subjective:</th>
<th>Assessment:</th>
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</table>
| - "I hit my head" or "an object hit me on the head."
- Awake and answering questions appropriately.
- No loss of consciousness or brief loss of consciousness only. | - Alteration in comfort r/t head trauma
- Risk for Ineffective Cerebral Tissue Perfusion
- Risk for Fall
- Risk for Mental Confusion |

**Objective:**

- Not a high risk head injury, e.g. motor vehicle accident, crush injury, fall from more than 8 feet, suspected skull fracture, multiple injuries.
- No evidence of serious neck injury.
- No ecchymosis behind the ears (signs of possible skull fracture).
- Age less than 65, no anti-coagulation.
- No disturbance in balance lasting more than two hours.
- No new seizure episode associated with head trauma.
- Patient opens eyes spontaneously, obeys simple commands, and converses normally.
- Evidence of only Minor Head Trauma:
  - Vital signs normal for patient.
  - Oriented as to time, place, and person.
  - No focal neurological deficits.
  - May be brief loss of consciousness, under five minutes.
  - Retrograde amnesia is common.
  - A period of confusion is common. No persistent confusion for more than 2 hours.
- Vomiting may occur after minor head injury but should not persist.

**Plan:**

**Emergency transport for any of the following:**

- An acute, high risk head injury.
- Appearance or suspicion of serious neck injury. Do not move the patient.
- Loss of consciousness for more than five minutes.
- A period of normal mental status followed by a diminished level of consciousness.
- Persistent confusion or altered mental status for more than two hours.
- Any persistent, new abnormal focal neurological finding(s).

**Consider urgent transport for CT scan and evaluation for any of the following:**

- Patient is anti-coagulated (Coumadin, Aspirin, other meds).
- Age 65 or older.
- Suspicion of skull fracture.
- Persistent balance problem for more than two hours.
- New seizure associated with head trauma.
- Diminished mental status during observation (see below).

**Discuss with medical provider if possible.**
### Nursing Education:

1. Moderate or severe head trauma is almost always associated with a high risk head injury, usually a motor vehicle accident, repeated direct trauma, or a fall from a height. At risk patients are those who are 65 or over and/or anti-coagulated. These patients often have persistent neurological impairment, including persistent confusion, focal neurological findings, and symptoms of nausea, vomiting, dizziness, and significant headache.

2. A variant of moderate head trauma is when patients “talk and deteriorate”. These patients usually present with minor neurological impairment, and their status worsens over the course of the first 48 hours after injury. Many of them have subdural or epidural hematomas or brain injury with edema. All patients with moderate or severe head trauma need neural imaging (non-contrast CT scan), and a period of close observation.

3. Minor Traumatic Brain Injury (TBI) is a temporary and brief interruption of neurologic function after head trauma, which may involve a brief loss of consciousness.

4. From a practical standpoint, minor TBI is a clinical diagnosis that requires a credible mechanism of injury. The most common persistent symptoms are nausea, vomiting, and headache. Patients can suffer brief transient neurological symptoms such as impaired awareness, and amnesia. Other subtle findings such as balance problems, impaired verbal memory, delayed comprehension, and slowed speech can occur.
Head Trauma – Level II

5. Research suggests that the longer the duration of loss of consciousness, the higher the possibility for an intracranial lesion.

6. Low risk patients are fully awake, not intoxicated, have no focal neurologic findings, and no evidence of skull fracture. These patients can be kept under competent observation for 12-24 hours and no neural imaging is needed.

Patient Teaching:

Patient may use anti-inflammatory medications or Tylenol for pain as needed. Other medication is by practitioner order only.

APPROVED:

_______________________________     _______________________
Medical Services Manager                  Date

_______________________________     _______________________
Chief Medical Officer                  Date

_______________________________     _______________________
Medical Director                        Date

Effective Date: 3/2015
Revised: February 2015
# Head Trauma – Level II

## Oregon Department of Corrections
Health Service Section

### Minor Head Trauma Assessment

**Instructions:** Complete the appropriate response in each column, or enter code (see legend bottom of form), complete initial assessment then at 2, 4, 8, 12 and 24 hours post injury, discuss deterioration with practitioner or consider transport to ED. GCS less than 13 transport to ED

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>LOC</th>
<th>Eyes open</th>
<th>Verbal</th>
<th>Motor</th>
<th>Score</th>
<th>Gait/ Balance</th>
<th>Facial</th>
<th>Upper Ext</th>
<th>Lower Ext</th>
<th>Month</th>
<th>Date</th>
<th>Location</th>
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### Observations and Comments

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### LOC

<table>
<thead>
<tr>
<th>Eye Opening</th>
<th>Verbal Response</th>
<th>Motor Response</th>
<th>Movement/Strength</th>
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<tbody>
<tr>
<td>Alert</td>
<td>4 - Spontaneous</td>
<td>5 - Oriented</td>
<td>6 - Obey Commands</td>
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<tr>
<td>Drowsy</td>
<td>3 - To Speech</td>
<td>4 - Confused</td>
<td>5 - Localizes (pain)</td>
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<tr>
<td>Stuporous</td>
<td>2 - To Pain</td>
<td>3 - Inappropriate</td>
<td>4 - Withdraw (pain)</td>
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<tr>
<td>Comatose</td>
<td>1 - None</td>
<td>2 - Incomprehensible</td>
<td>3 - Flexion (pain)</td>
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<tr>
<td>C closed by edema</td>
<td>1 - none</td>
<td>2 - Extension (pain)</td>
<td>1 - None</td>
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### Gait

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<thead>
<tr>
<th>Words</th>
<th>Digits</th>
<th>Global</th>
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<tbody>
<tr>
<td>N - Normal gait</td>
<td>5,2,8</td>
<td>Sz - Seizure</td>
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<tr>
<td>ST - Stumbles</td>
<td>6,2,9,4</td>
<td>NV- Nausea/Vomiting</td>
</tr>
<tr>
<td>AT - Ataxia</td>
<td>8,3,2,9</td>
<td>BV - Blurred Vision</td>
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<tr>
<td>Balance</td>
<td>7,3,9,1,4,2</td>
<td>HA - Headache</td>
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### Patient Label

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<td>Navel</td>
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