

NHS Lanarkshire Care Homes Protocol Group

Care Homes Head Injury Guidelines

Version 1.0

Author:	Dr Iain A Hathorn CD in Primary Care
Endorsing Body:	Care Homes Protocols Group and Care Homes Steering Group
Governance or Assurance Committee	South HSCP Clinical Governance and Risk Management Committee
Implementation Date:	April 2017
Version Number:	1..0
Review Date:	April 2020
Responsible Person	Dr Iain A Hathorn

Care Home Local Enhanced Service

Guidance on the Management of Head Injuries

Introduction

The nature of the care home population is such that falls and hence head injuries are not uncommon. Indeed, an audit of care home resident attendances at the emergency department at Wishaw General Hospital in 2012 indicated that 13% of attendances in the period of the audit were due to head injuries.

Given the increasing age, increasing frailty and increasing levels of dementia in the care home population and given that many, if not most, of the population will have poor prognostic indicators, neurosurgical intervention is unlikely to be feasible in many of these patients.

The current SIGN guideline does not offer guidance for this group of patients and, therefore, this guideline is intended to offer empirical advice to care homes and practices on assessing the risk of brain injury and managing head wounds, based on guidance from colleagues in Emergency Medicine.

Capacity and Consent

In coming to decisions regarding the management of head injuries, it is important to consider the issue of consent.

If a resident retains capacity, he or she may give or with-hold consent to treatment.

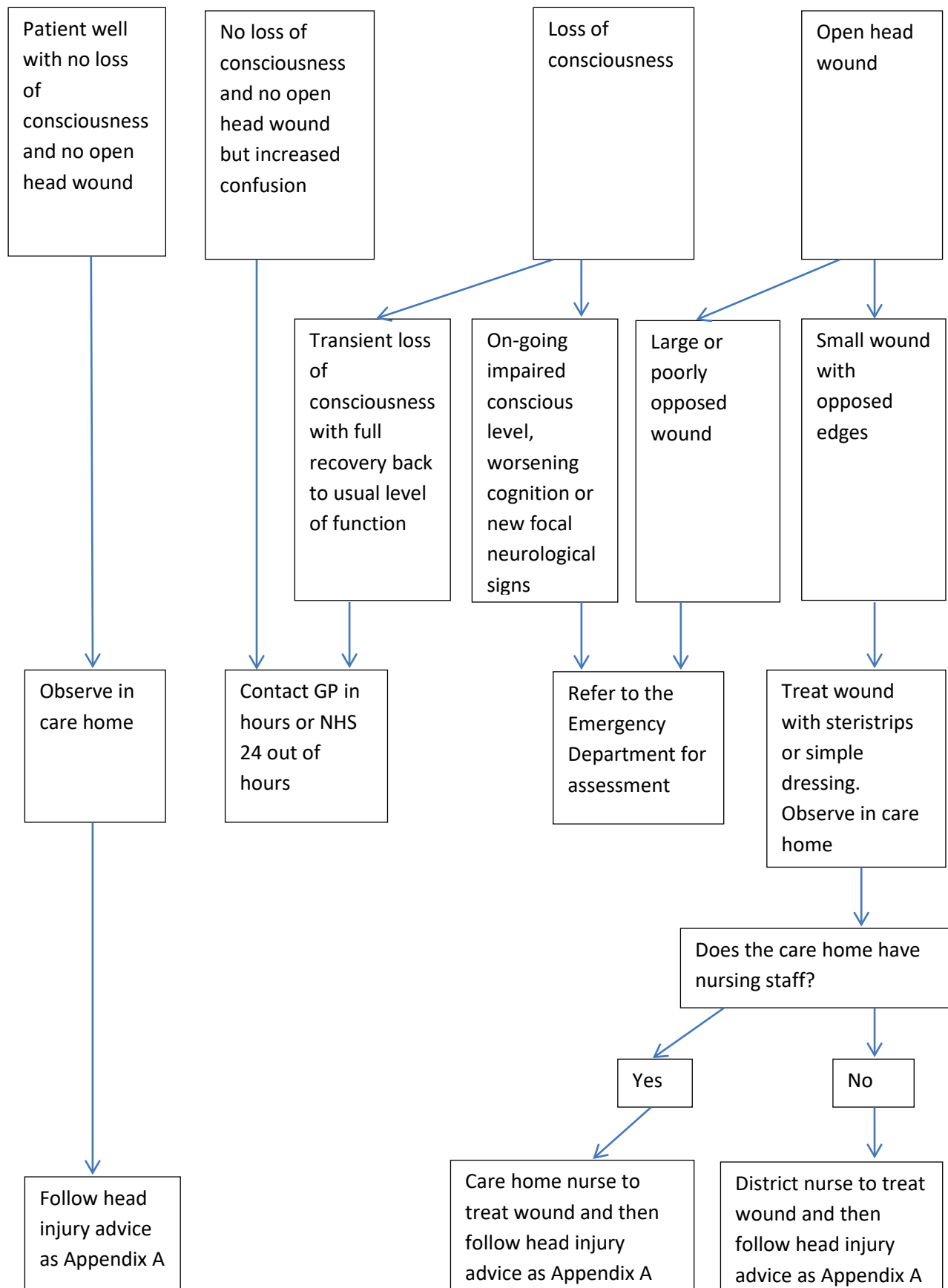
If the patient lacks capacity, management and consent should be discussed with the patient's legal proxy, such as a Welfare Attorney or Welfare Guardian. In such circumstances, an appropriate Section 47 certificate of incapacity is required.

If the patient lacks consent and if there is no formal legal proxy, the principles of the Adults with Incapacity (Scotland) Act 2000 apply and treatment options should be discussed with relevant others, such as next of kin, carer or patient advocate. Any intervention should be in the patient's best interest and should be carried out under the terms of an appropriate Section 47 certificate of incapacity.

Anticipatory Care Plans

As an increasing proportion of care home residents have anticipatory care plans in place, these plans can be used to help guide decisions on intervention.

Flowchart for Management of Head Injuries



Acknowledgements

I am grateful to Dr Andrew Palombo, Consultant in Emergency Medicine, Hairmyres Hospital for his advice in preparing this guideline.

Appendix A – Low risk head injury advice for clinical and non-clinical staff



Low Risk Head Injury
Advice for Care Home

Appendix B – Recording sheet for observations following head injury



Recording Sheet for
Observations followin

Reference

The early management of patients with a head injury – a national clinical guideline.
Edinburgh. Scottish Inter-collegiate Guideline Network. May 2009