MSRM 140117.01.10.2
(R-4/19)

HEAD TRAUMA

Subjective Data: **Allergies:** ______________________

Chief complaint: ____

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Date of injury:_______ Time of injury:_______ Activity at time of injury: ______________________________

Associated symptoms:

❑ Generalized weakness		❑ Disturbance of speech	❑ Loss of balance	❑ Agitated/ irritable
❑ Neckache	❑ Nausea/vomiting	❑ Visual disturbances	❑ Confusion	❑ Loss of consciousness

Objective Data: (clinically indicated VS)

BP _________Pulse _________ Resp. ________ Temp. ________ Wt._______O_2 sats._________ FSBS: ___________

Inmate on anticoagulants (warfarin, aspirin, heparin etc.) ❑ Yes ❑ No

Character of wound if present:

❑ Clean	❑ Dirty	❑ Dry	❑ Weeping	❑ Crusted	❑ Redness/ Swelling	❑ Imbedded or foreign material present

Respiration	Lung Sounds	Skin	LOC	Neurologic	Drainage
❑ Even	❑ Clear	❑ Warm	❑ Awake	❑ Gait steady	❑ No drainage
❑ Uneven	❑ Rhonchi	❑ Pink	❑ Alert	❑ Gait unsteady	❑ Drainage from nose
❑ Labored	❑ Wheezes	❑ Cool	❑ Oriented X____	❑ Grips equal	❑ Drainage from ear
❑ Unlabored	❑ Diminished	❑ Pale	❑ Confused	❑ Grips unequal	❑ Drainage bloody
❑ Shallow	❑ Rales	❑ Cyanotic	❑ Lethargic	❑ Speech normal	❑ Drainage clear
❑ Deep		❑ Mottled	❑ Comatose	❑ Speech slurred	
❑ Rapid		❑ Diaphoretic	❑ Follows commands	❑ Pupils equal	
		❑ Raccoon eyes	❑ Unable to follow commands	❑ Pupils unequal	

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IN ALL CASES OF HEAD TRAUMA: *Health care provider must be called if not on site or if after clinic hours.*

Emergency department notification time: _________**Transport time:** ________ **Transported by:** __________________

Health Care Provider: _____________________ **Time Notified:** _______ **Orders Received for Treatment:** ❑ **Yes** ❑ **No**

Plan: Interventions: (check all that apply)

- ❑ Check in assessment only for health care providers visit.
- ❑ Call 911 for altered state of consciousness, abnormal VS or bleeding.
- ❑ Maintain head in a neutral position (do not adjust by flexion, hyperextension, or elevation onto support).
- ❑ Immobilize neck with cervical collar, notify health care provider.
- ❑ Maintain flat, without pillow, shoulders back and hips kept in alignment at all times if suspect neck/spinal injury.
- ❑ Administer O_2 **(this will require an order from the health care provider).**
- ❑ Pressure / sterile dressing to control bleeding.
- ❑ ABC's frequent assessed.
- ❑ Education/Intervention: Instructed on treatment provided, follow-up sick call with health care provider after ER / hospitalization. Inmate verbalizes understanding of instructions.

Progress Note: ____

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Health Care Provider Signature/Credentials: ____________________________ **Date:** __________ **Time:** ___________

RN/LPN Signature/Credentials: ______________________________________ **Date:** __________ **Time:** ___________

Inmate Name
(Last, First)

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