



For office use only:   HI

## Centre for Maternal and Child Enquiries

Improving the health of mothers, babies and children

# HEAD INJURY IN CHILDREN PREHOSPITAL CARE (C)

### Instructions for completing and returning the form

1. This form should be completed by the ambulance service who responded to the child.
2. Certain sections may not be applicable to all children.
3. One form should be completed per child, per response made.
4. Please complete all dates in the format DD/MM/YY and times using the 24hr clock e.g. 18:50.
5. Please keep a copy of this form for your records. Return hardcopies of completed forms to your local CMACE regional office. See back of form for local contact details.
6. If you have any queries about completing or returning this form please contact your CMACE regional office.

Date form completed:

  /   /  

Date form returned:

  /   /  

### DETAILS OF PERSON COMPLETING FORM

Name:

Telephone:

Job title/Role:

Email:

### 1. DETAILS PROVIDED BY CMACE (for matching)

1.1 Ambulance Service

\_\_\_\_\_

1.2 Surname/family name

\_\_\_\_\_

1.3 Sex

Male

Female

Not known

1.4 Date of birth and/or estimated age

If no full date of birth is known enter month and year. If no full or short DOB, enter their estimated age.

  /   /  

Not known

years   months

1.5 Patient Report Form (or equivalent) number

           Not known

1.6 Incident number/CAD number (or equivalent)

           Not known

1.7 Date and time of incident

  /   /    :    Not recorded  
(24 hr clock)

1.8 Name of hospital and trust child transported to

(Hospital) \_\_\_\_\_

(Trust) \_\_\_\_\_

1.9 Date and time of arrival at this hospital

  /   /    :    Not recorded  
(24 hr clock)

## SECTION 2: EMERGENCY RESPONSE DETAILS

- 2.1 Blue call time** (A pre alert call placed to receiving hospital)  Not recorded
- :    
 (24 hr clock)
- 2.2 Date and time of call to emergency services**  Not recorded
- /   /    :      
 (24 hr clock)
- 2.3 Data and time ambulance service arrived at scene**  Not recorded
- /   /    :      
 (24 hr clock)
- 2.4 Date and time ambulance service left scene**  Not recorded
- /   /    :      
 (24 hr clock)
- 2.5 Were pre arrival instructions given (e.g. resuscitation)**  Not known
- Yes  No
- 2.6 Attendant Grade (e.g. paramedic/technician etc)**  Not known
- 
- 2.7 Driver Grade (e.g. paramedic/technician etc)**  Not known
- 
- 2.8 Who from a health related service was first to attend the site of injury?**
- Paramedic crewed land ambulance  Air ambulance  Lone responder  
 Paramedic + EMT crewed land ambulance  Doctor, BASICS  Other, specify \_\_\_\_\_  
 EMT crewed land ambulance  Doctor, other, specify \_\_\_\_\_
- 2.9 Other emergency services or crew present at the scene: (please tick all that apply)**  Not known
- Paramedic  Police  
 Emergency Medical Technician (EMT)  Fire  
 Doctor, BASICS  Air ambulance  
 Doctor, other, specify \_\_\_\_\_  Other, specify \_\_\_\_\_
- 2.10 On arrival of emergency services at the scene child was found to be:**  Alive  Dead

## SECTION 3: INCIDENT DETAILS

- 3.1 Presenting complaint**  Not known
- \_\_\_\_\_
- 3.2 Postcode of incident location (first part only)**  Not known
- 
- Only the first part of the postcode is required*
- If postcode is not known indicate area/first line of address*
- \_\_\_\_\_  Not known
- 3.3 Place of incident**  Not known
- Home/private address  Road/Street/Motorway  School/Nursery  Other, specify \_\_\_\_\_
- 3.4 Cause of injury**
- Motor vehicle accident/road traffic accident  Sport, please specify \_\_\_\_\_  
 Cycling  Other recreational (e.g. skateboard) specify \_\_\_\_\_  
 Fall from > 1m or > 5 stairs  Assault  
 Fall < 1m or < 5 stairs  Other, please specify \_\_\_\_\_  
 Fall, height unknown  Not known
- 3.5 If motor vehicle accident or road traffic accident (RTA)**  N/A → Go to 3.6
- Vehicle occupant – Driver  Vehicle occupant – Position unknown  Pedestrian  
 Vehicle occupant – Passenger (front)  Cycling  Not known  
 Vehicle occupant – Passenger (rear)  Motorcyclist  Other, specify \_\_\_\_\_
- 3.5.1 Helmet worn**  Not known  N/A
- Yes  No
- 3.5.2 Seatbelt worn**  Not known  N/A
- Yes  No
- 3.5.3 Child restraint**  Not known  N/A
- Yes  No
- 3.5.4 Airbag**  Not known  N/A
- Yes  No
- 3.5.5 Child ejected**  Not known  N/A
- Yes  No
- 3.5.6 Fatality in the same vehicle**  Not known  N/A
- Yes  No
- 3.5.7 Child trapped**  Not known  N/A
- Yes  No
- 3.6 Additional incident details, if known (e.g. Fall from trampoline, speed, not in age appropriate car seat, etc)**

## SECTION 4: PRIMARY SURVEY AND OBSERVATIONS

- 4.1 Airway compromised**  Yes – partially obstructed  Yes – obstructed  
 No, it was clear  Not recorded
- 4.2 C-spine**  Normal  Suspect  Not recorded
- 4.3 Breathing**  Present and normal  Apnoeas  
 Present but noisy/laboured  Absent  
 Not known
- 4.4 Respiratory rate** \_\_\_\_\_ breaths per min  Not recorded
- 4.5 Pulse status**  Present  Absent  Not recorded  
 Regular  Irregular  Not recorded  
 Strong  Weak  Not recorded
- 4.6 Pulse rate** \_\_\_\_\_ bpm  Not recorded
- 4.7 Capillary refill**  Normal  >2 seconds  Not recorded
- 4.8 Assisted Oxygen Saturations** \_\_\_\_\_ %  Not recorded
- 4.9 Unassisted Oxygen Saturations** \_\_\_\_\_ %  Not recorded
- 4.10 Blood pressure** \_\_\_\_\_ mm/Hg  Not recorded
- 4.11 Pupillary reaction**  Equal and reactive  One unreactive  
 Both unreactive  Not known

**4.12 Neurological status at scene**

*Document the worst score before intubation/intervention. If no intubation/intervention occurred, document the worst score.*

**4.12.1 Glasgow Coma Scale Score**  Not recorded

|                   |  |
|-------------------|--|
| Eye opening       |  |
| Verbal response   |  |
| Motor response    |  |
| TOTAL (out of 15) |  |

**Time GCS recorded:**

:   (24 hr clock)  Not recorded

**4.12.2 AVPU Score**  Not recorded

|                  |  |
|------------------|--|
| Alert            |  |
| Respond to Voice |  |
| Respond to Pain  |  |
| Unresponsive     |  |

**Time AVPU recorded:**

:   (24 hr clock)  Not recorded

## SECTION 5: MANAGEMENT

- 5.1 Head tilt/chin lift**  Yes  No  Not recorded
- 5.2 Jaw thrust**  Yes  No  Not recorded
- 5.3 Manual clearance**  Yes  No  Not recorded
- 5.4 Suction**  Yes  No  Not recorded
- 5.5 Nasopharyngeal Airway (NPA)**  Yes  No  Not recorded
- 5.6 Laryngeal Mask Airway (LMA)**  Yes  No  Not recorded
- 5.7 Oropharyngeal Airway (OPA)**  Yes  No  Not recorded
- 5.8 Pocket and mask**  Yes  No  Not recorded
- 5.9 Intubated prior to arrival at the first hospital**  Yes  No  Not recorded
- If yes,
- 6.9.1 Who was the attempt made by**     Not recorded  
*(see codes on back of form)*
- 5.10 Needle thoracocentesis (Nth)**  Yes  No  Not recorded
- If yes,
- 6.10.1 Was this successful**  Yes  No  Not recorded
- 6.10.2 Who was the attempt made by**     Not recorded  
*(see codes on back of form)*
- 5.11 Needle cricothyroidotomy (NCR)**  Yes  No  Not recorded
- If yes,
- 5.11.1 Was this successful**  Yes  No  Not recorded
- 5.11.2 Who was the attempt made by**     Not recorded
- 5.12 O2 therapy administered**  Yes  No  Not recorded

## SECTION 5: MANAGEMENT Continued

|   |  |                             |                                       |
|---|--|-----------------------------|---------------------------------------|
| <b>5.13 Intravenous (IV) cannulation attempted</b>        | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Not recorded |
| <b>If yes,</b>  |  |                             |                                       |
| <b>5.13.1 Was this successful</b>                         | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Not recorded |
| <b>5.13.2 Who was the attempt made by</b>                 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                             | <input type="checkbox"/> Not recorded |
| <b>5.14 Intraosseous cannulation attempted</b>            | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Not recorded |
| <b>If yes,</b>  |  |                             |                                       |
| <b>5.14.1 Was this successful</b>                         | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Not recorded |
| <b>5.14.2 Who was the attempt made by</b>                 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                             | <input type="checkbox"/> Not recorded |
| <b>5.15 Fluid therapy given</b>                           | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Not recorded |
| <b>5.16 Cervical spine and/or whole spine immobilised</b> | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Not recorded |
| <b>5.17 Drugs administered</b>                            | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Not recorded |
| <b>5.18 C-Collar</b>                                      | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Not recorded |
| <b>5.19 Resuscitation (CPR) required prehospital</b>      | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Not recorded |

## CODES

| CODE | SPECIALITY                   | CODE | SPECIALITY     |
|------|------------------------------|------|----------------|
| PAR  | Paramedic                    | DRB  | BASICS Doctor  |
| EMT  | Emergency Medical Technician | DRO  | Doctor - other |
| ECA  | Emergency Care Assistant     | OTH  | Other          |
| ECP  | Emergency Care Practitioner  |      |                |
| CCP  | Critical Care Practitioner   |      |                |

## CMACE REGIONAL OFFICE CONTACT DETAILS

### CMACE East of England Office

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### CMACE South West and Wessex Office

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### CMACE North East Office (FAO Dr Claire Bradford)

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## INCLUSION and EXCLUSION CRITERIA

**Inclusions:** Children up to 15 years old (14 years and 364 days) who between 00:00 on the 1<sup>st</sup> September 09 and 23:59 on the 28<sup>th</sup> February 2010 have a brain or skull injury (trauma to the head) as a result of blunt or penetrating trauma or acceleration or deceleration force (e.g. road traffic accident, fall, shaking) **OR** who have experienced a head injury as part of a pattern of injuries or multi trauma **AND** fulfill the following length of stay criteria:

- |   |           |                                  |
|---|-----------|----------------------------------|
| ⇒ Admitted to an area of inpatient care ( <i>regardless of length of stay</i> ) | <b>OR</b> |                                  |
| ⇒ Died in the hospital, including the Emergency Department                      | <b>OR</b> | Definition of 'admission' can be |
| ⇒ Transferred to other hospital for specialist care or for an ICU/HDU bed       | <b>OR</b> | found on the front of this form  |
| ⇒ Died at the scene or en route to the receiving hospital                       | <b>OR</b> |                                  |
| ⇒ Transferred in to a hospital ( <i>regardless of length of stay</i> )          |           |                                  |

### Exclusions:

- Children who have experienced primarily superficial or facial injuries which are *unlikely to be associated with a brain injury* (e.g. isolated or trivial facial (nose, ear, lip etc), scalp or auricular injuries)
- Children who do not meet the above inclusion criteria (i.e. children who do not die that are not admitted; children who have reached their 15<sup>th</sup> birthday at the time of injury).