



HEAD INJURY IN CHILDREN HOSPITAL ORGANISATIONAL SURVEY

The survey is confidential to CMACE.

Your Trust will not be identified in any way in the findings resulting from this survey

This national survey is being carried out by the Centre for Maternal & Child Enquiries (CMACE) to assess current service provision for children who present at a hospital with a head injury. It is intended that the findings from this survey will be used to produce recommendations for the improvement of health services for these children.

We would like to thank you for taking time from your busy schedule to contribute to this important project. The success of this survey depends on the cooperation of people like you.

INSTRUCTIONS

1. This is a HOSPITAL questionnaire. All of the questions refer to the individual hospital, NOT the Trust as a whole. Please **ensure that one survey is completed for each hospital** within your trust. This means that if your trust has more than one hospital participating in the CMACE project then two or more surveys will need completing.
2. Completion of the survey is likely to require a multi-professional effort within the hospital. We would be grateful if the Local Enquiry Coordinator (LEC) for the CMACE head injury in children project could take responsibility for ensuring that the survey is fully completed and returned to CMACE.
3. Please answer all questions unless instructed by the '→Go to' instructions next to some check boxes. If there is no '→' instruction, please proceed to the next question.
4. Please complete all questions in the survey as applicable and return to your local CMACE regional manager whose details are below. Please return either in the pre-addressed envelope provided or via fax/email.
5. If you have any queries about the survey please contact Rosie Houston at Central Office:
rosie.houston@cmace.org.uk or 020 7467 3223.

HOSPITAL INFORMATION

Hospital this survey refers to:

NHS Trust

DETAILS OF PERSON COMPLETING FORM

Name:	Trust:
Job title/Role:	Telephone:
Unit:	Email:
Hospital:	

PLEASE RETURN YOUR SURVEY TO:

For office use only:

Date survey returned: / /

Trust Code: T

Hospital Code: 1

<Regional Office Label>

SECTION 1: DEPARTMENTS AND PROCEDURES

1.1 Does your hospital have the following departments *on-site*?

Where the department is available on-site, please indicate whether the department is fully staffed and functional any time of day or night, i.e. 24 hours a day, 7 days a week

	Department on-site		Department is functional 24/7	
	Yes	No	Yes	No
a. Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Paediatric Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adult Intensive Care Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Paediatric Intensive Care Unit (PICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Neuroscience Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Paediatric Neuroscience Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Separate paediatric ward/department exclusively for treating children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Short-stay or 'observation units' exclusively for paediatric patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Blood bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Haematology Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Biochemistry Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2 Does your hospital have the ability to carry out the following procedures *on-site*?

	No	Yes - 24/7	Yes – but not 24/7
a. Neurosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Paediatric Neurosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. General paediatric surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Thoracic surgery on children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Maxillofacial surgery on children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ear Nose Throat (ENT) on children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.3 Are personnel trained in the following available in your hospital?

	No	Available – but NOT 24/7	Available - 24/7		Don't know
			Resident	Only if required	
a. Advanced Paediatric Life Support (APLS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Paediatric Anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Paediatric Neurosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.4 Is your hospital designated to accept patients with any severity of head injury?

- Yes
 No

1.5 Is there an established protocol in your trust for the management of head-injured patients that clearly sets out the responsibilities between your hospital and the local neuroscience unit, if applicable?

- Yes
 No
 Don't know
 Not applicable

1.6 Is there a separate protocol for the management of head-injured children?

- Yes
 No
 Don't know

1.7 Is there a protocol for the management of intracranial hypertension?

- Yes
 No
 Don't know

Additional comments on 'Departments and Procedures':

SECTION 2: EMERGENCY DEPARTMENT

If there is no Emergency Department on-site tick here → Go to Section 3

2.1 Please indicate the following:

	During the financial year			Don't Know
	2006- 07	2007-08	2008-09	
a. Total number of new attendances to your Emergency Department	_____	_____	_____	<input type="checkbox"/>
b. Of these, how many were of children <u>under 15 years old</u> (i.e. 14 years + 365 days)	_____	_____	_____	<input type="checkbox"/>

*The financial years run from the 1st April – 31st March (e.g. 1st April 2008 - 31st March 09)

2.2 Is there at least one Registered Sick Children's Nurse (RSCN) employed to work in/provide cover for the Emergency Department in your hospital?

- Yes → Go to 2.2.1
 No → Go to 2.3
 Don't know → Go to 2.3

2.2.1 Is this cover provided 24 hours a day, 7 days a week

- Yes → Go to 2.3
 No → Go to 2.2.2
 Don't know → Go to 2.3

2.2.2 If no, please specify approximately how many days per week the Emergency Department would be covered by an RSCN?

- _____ days per week
 Don't know

2.2.3 On these days, approximately how many hours would this cover be available?

- _____ hours per day
 Don't know

2.3 Please indicate whether the following personnel are employed in your Emergency Department

	Yes	No	Don't know
a. Consultant with sub-speciality training in paediatric Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Paediatrician with sub-specialty training in paediatric Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.4 If a head-injured child was brought into your Emergency Department on the 1st June 2009 at 02.00 hours, who would have initially responded to the patient? (Refer to codes on page 8)

Grade	Speciality	Advanced Trauma Life Support (ATLS) trained			Resident at time of being called		
		Yes	No	Don't know	Yes	No	Don't know
(Refer to codes on the back of the survey)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.5 Is there an established care pathway/algorithm* for the management of head-injured children in the Emergency Department?

- Yes
 No
 Don't know

*e.g. A flow chart of the clinical decision pathway described in the guideline, where decision points are represented with boxes linked with arrows.

2.6 Are information leaflets on the following available in the Emergency Department?

	Yes	Yes - 'Child Friendly'	No	Don't know
a. General information on head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Investigations likely to be used in Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Patient support groups (e.g. Children's Brain Injury Trust)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Long term impact of head injury on families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.7 Are the child's primary care team (e.g. GP or health visitor if applicable) routinely notified of the child's attendance at the Emergency Department (e.g. letter/email)?

- Yes
 No
 Don't know

2.8 Does the Emergency Department have a listed mobile equipment kit* to assist in the resuscitation of children of all ages? *(i.e. stocked according to a list)

- Yes
 No
 Don't know

Additional comments on 'Emergency Department':

SECTION 3: IMAGING

- 3.1 Does your hospital have direct access to Computerised Tomography (CT) on-site?**
- Yes → *Go to 3.1.1*
 No → *Go to 3.1.2*
- 3.1.1 If yes, is this available 24 hours a day, 7 days a week?**
- Yes
 No
- 3.1.2 If no, are there mechanisms in place to be able to transfer to a centre with CT if required?**
- Yes → *Go to 3.1.3*
 No → *Go to 3.2*
 Don't know → *Go to 3.2*
- 3.1.3 Are these mechanisms available 24 hours a day, 7 days a week?**
- Yes
 No
 Don't know
- 3.2 Does your hospital have the ability to contact an on-call radiologist out of hours?**
- Yes
 No
 Don't know
- 3.3 Is there an established protocol/guideline that specifies the criteria under which CT imaging and analysis of results should be carried out?**
- Yes
 No
 Don't know
- 3.4 Please indicate whether an 'urgent' CT image would be requested immediately if any of the following factors were present in a child <15 years old. ('Urgent' = within 1 hour of the request)**
If you answer 'No' to any factors please complete the yellow-shaded table

	If factor present, an 'urgent' CT image would be requested			If No, has this been agreed internally in your hospital/trust? <i>(e.g. at a local Intensive Care Forum)</i>		
	Yes	No	Don't know	Yes	No	Don't know
a. Loss of consciousness lasting > 5 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Amnesia lasting more than 5 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Abnormal drowsiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 3 or more episodes of vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Clinical suspicion of non-accidental injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Post-traumatic seizure but no history of epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. GCS < 14 on <i>initial assessment</i> in the ED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Suspicion of open or depressed skull injury or tense fontanelle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Any sign of basal skull fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Focal neurological deficit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Coagulopathy providing that some loss of consciousness/amnesia experienced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Dangerous mechanism of injury*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>For babies less than 1 year:</i>						
m. A GCS <15 on initial assessment in the ED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Presence of bruise, swelling or laceration of more than 5cm on the head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* e.g. Pedestrian struck by a motor vehicle; an occupant ejected from a motor vehicle; fall from a height greater than 1m or 5 stairs

- 3.5 Does your trust permit imaging of the cervical spine in children less than 10 years old when their GCS is ≤8?**
- Yes → *Go to 3.6*
 No → *Go to 3.5.1*
 Don't know → *Go to 3.6*
- 3.5.1 If no, please specify age at which a CT of the cervical spine is permitted:**
- _____ years _____ months
- 3.6 If local personnel are unavailable to report images in the time frame required, is there an established process for distance reporting via tela-radiology?**
- Yes
 No
 Don't know
 Not applicable
- 3.7 Is there an effective image transfer facility available between your hospital and local neurosurgical unit?**
- Yes
 No
 Don't know
 Not applicable

Additional comments on 'Imaging':

SECTION 4: ADMISSION AND DISCHARGE

4.1 Does your hospital admit children for secondary* or tertiary* care?

* Secondary care is care delivered following admission to an observation or in-patient unit
 * Tertiary care is provided as a facility of other hospitals. It is possible, and even likely, that the level of care delivered by some secondary care centres is equivalent to tertiary care.

- Yes → Go to 4.2
 No → Go to 4.1.1

4.1.1 If no, is there a bypass protocol in place with the local ambulance service to reduce the likelihood of a severely injured child being brought to your hospital?

- Yes → Go to Section 5
 No → Go to Section 5

4.2 If any of the following factors are present for a child with a head injury, would the child automatically be admitted* to your hospital?

	If factor present, child would be admitted automatically			If No, please comment
	Yes	No	Don't know	
a. Significant abnormalities on imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. GCS <15 even after imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. CT imaging required but not able to be done within the appropriate time period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Suspected non-accidental head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Continuing worrying clinical signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Admission is defined as occurring when the patient is in receipt of treatment or observation in an in-patient area. This includes short term assessment units associated with wards or emergency departments, short stay units, general or specialist wards, PICUs, Neurosurgical unit, or other in-patient unit. This may only be for a matter of hours beyond the first 4 hours from arrival at hospital.

4.3 In your hospital, which team is most likely to lead the in-patient care of a child admitted with a head injury?

(Tick all that apply)

- Emergency Medicine
 Paediatric team
 Neurosurgical team
 Paediatric neurosurgical team
- Neurology team
 Paediatric Surgical Department
 Surgical team
 Orthopaedic team
- Multiple teams
 Not known
 Other, specify _____

4.4 On discharge, is an outpatient appointment automatically made for a child who has been admitted with a head injury appointment?

- Yes
 No
 Don't know

SECTION 5: REFERRAL AND TRANSFER

Transfer refers to the transport of a patient by ambulance (land or air) from one hospital to another hospital facility. This is also referred to as an 'inter-hospital transfer' between two hospitals either within or out of the same trust.

5.1 Is your hospital eligible to receive head-injured children transferred from other hospitals?

- Yes
 No

5.2 Is there a designated consultant in your hospital with overall responsibility for the transfer/retrieval of patients with head injuries?

- Yes → Go to 5.2.1
 No → Go to 5.3
 Don't know → Go to 5.3

5.2.1 What is this person's speciality? (Refer to codes on page 8)

Not known

5.3 Is there a written transfer agreement* (e.g. protocol/guideline) for inter-hospital transfer of paediatric patients with head injuries?

- Yes → Go to 5.3.1
 No → Go to Section 6
 Don't know → Go to 5.3
 Not applicable → Go to 5.3

5.3.1 Please indicate whether this written agreement has been drawn up between your hospital and:

	Yes	No	Don't know
a. Other hospitals in the trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Local neuroscience unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Local ambulance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hospital with PICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hospital with paediatric trauma service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.3.2 Does this protocol recognise that transfer would benefit all patients with serious head injuries (GCS ≤8)

- Yes
 No
 Don't know

5.3.3 Does this protocol state that ongoing liaison with the neuroscience unit over clinical management is essential for patients who transfer to a neuroscience unit is not possible or required?

- Yes
 No
 Don't know

SECTION 6: DOCUMENTATION

- 6.1 Is there a standard proforma/data collection form for assessing and observing a patient with a head injury? (e.g. observation chart)
- Yes → Go to 6.1.1
 No → Go to 6.2
 Don't know → Go to 6.2
 Not applicable → Go to 6.2
- 6.1.1 Is this form consistent across all clinical departments and hospitals in the trust?
- Yes
 No
 Don't know
- 6.1.2 Is there a separate proforma for assessing and observing children <16 years old?
- Yes
 No
 Don't know
- 6.2 Please indicate whether the following are possible to record on the standard hospital proforma, and/or if applicable on a proforma specific to the assessment of a patient with a head injury.

	Collected in standard hospital proforma			Collected in proforma specific to head injury		
	Yes	No	Don't know	Yes	No	Don't know
a. Adult version of Glasgow Coma Scale (GCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Paediatric version GCS - for < 5 yr olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Paediatric version GCS - for ≥ 5 yr olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Details of any amnesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Episodes of vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Clinical suspicion of non-accidental injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Details of any post-traumatic seizure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Pupil size and reactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. If dangerous mechanism of injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments on 'Documentation':

SECTION 7: TRAINING AND AUDIT

- 7.1 In your hospital, is there a training programme on the assessment and recording of observations on children?
- Yes → Go to 7.1.1
 No → Go to 7.2
 Don't know → Go to 7.2
- 7.1.1 If yes, please indicate whether the programme covers the following, and whether these aspects are mandatory for all relevant staff.

	Covered in training programme?			Is this mandatory?	
	Yes	No	Don't know	Yes	No
a. Assessment of neuro observations in children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Paediatric version of the GCS score	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Assessment of presences and absence of key risk factors and the urgency for imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Advanced Paediatric Life Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 7.2 Is there a competency based training programme in place for auxiliary nursing staff to undertake neurological observations?
- Yes
 No
 Don't know
- 7.3 Has your hospital undertaken an audit on paediatric patients with a head injury in the previous 12 months (excluding the CMACE project)?
- Yes → Please provide brief details
 No
 Don't know
- Details of audit/s undertaken:
- 7.4 Does your hospital submit data to the Trauma Audit Research Network (TARN)?
- Yes
 No
 Don't know

SECTION 8: INFORMATION AND ADVICE

- 8.1 Is there an identified clinical lead responsible for implementing the NICE Head Injury Guidelines? Yes → [Go to 8.1.1](#)
 No → [Go to 8.2](#)
 Don't know → [Go to 8.2](#)
- 8.1.1 What is this person's speciality? (Refer to codes on the back) Not known
- 8.2 Is there a board, or area of information, or contact details of a patients' support organisation, available to enable family members to gather further information? Yes → [Go to 8.2.1](#)
 No → [Go to 8.3](#)
 Don't know → [Go to 8.3](#)
- 8.2.1 If yes, please indicate the location of this information (Tick all that apply)
 Emergency Department
 Children's Ward
 PICU
 Other, specify _____
- 8.3 On discharge, are children and their parents/carers provided with written 'head injury advice'? Yes → [Go to 8.3.1](#)
 No → [Go to Section 9](#)
 Don't know → [Go to Section 9](#)
- 8.3.1 If yes, please indicate whether the advice includes information on the following:

	Yes	No	Don't know
a. Long term impact of head injury on families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Advice about long term problems and support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Public health literature & non medical other sources of advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments on 'Information and Advice':

SECTION 9: NON-ACCIDENTAL HEAD INJURIES

- 9.1 Does the Emergency Department have an established protocol/guideline on the assessment/management and referral of children with a suspected non-accidental injury? Yes → [Go to 9.1.1](#)
 No → [Go to 9.2](#)
 Don't know → [Go to 9.2](#)
- 9.1.1 If yes, have these been reviewed since October 2007 Yes
 No
 Don't know
- 9.2 Is there a standard assessment tool available for personnel to help them identify whether the child may have a suspected non-accidental injury? Yes
 No
 Don't know
- 9.3 Are all infants and children who require imaging of the head or cervical spine assessed by a clinician experienced in the detection of non-accidental injury? Yes
 No
 Don't know
- 9.4 In your hospital, are all clinical personnel who work with children provided with initial mandatory training and continuing professional development which enables them to identify potential signs of non-accidental injury? Yes
 No
 Don't know
- 9.5 Have any of the following training sessions occurred in your hospital in the previous 12 months?

	Yes	No	Don't know	If yes, number of sessions		
				0	1-3	≥ 4
a. Detection of non-accidental injury in children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Safeguarding Children/Child Protection (e.g. assessment, local referral procedures etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 9.6 Please indicate whether the following are in post/established in your hospital?

	Yes	No	Don't know
a. A named child protection/safeguarding children lead nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A named child protection/safeguarding children lead consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dedicated & integrated team consisting of the named nurse paediatric liaison advisor and child protection co-ordinator to address safeguarding children agenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Safeguarding forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10: HOSPITAL DETAILS

10.1 Which of the following best describes your hospital?

- Children's Hospital
 University Hospital
 District General Hospital
 Other, *specify*

10.2 Is your hospital designated as any of the following:

	Yes	No
a. Specialist Neurosurgical Unit	<input type="checkbox"/>	<input type="checkbox"/>
b. Paediatric Neurosurgical Unit	<input type="checkbox"/>	<input type="checkbox"/>
c. Designated Trauma Centre	<input type="checkbox"/>	<input type="checkbox"/>
d. Designated Paediatric Trauma Centre	<input type="checkbox"/>	<input type="checkbox"/>
e. Minor Injury Unit	<input type="checkbox"/>	<input type="checkbox"/>
f. Ambulatory Care Unit	<input type="checkbox"/>	<input type="checkbox"/>

10.3 Please indicate how many of the following beds were open in your hospital on the **1st February 2009**:

	Number of beds	None
a. Paediatric Neurosurgical beds		<input type="checkbox"/>
b. Paediatric Intensive Care beds		<input type="checkbox"/>
c. Paediatric High Dependency Unit beds		<input type="checkbox"/>

10.4 Please provide your hospital's definition of children (age range):

Up to __ years + __ days

10.5 Please select the most appropriate answer to the following statements:

10.5.1 Generally, critically injured paediatric trauma patients requiring **hospitalisation** would be cared for:

- In this hospital
 In another hospital
 Other, *describe*

10.5.2 Generally, critically injured paediatric trauma patients requiring **intensive care** following a head injury or multiple traumatic injuries would be cared for:

- In the paediatric ICU in this hospital
 In the adult ICU in this hospital
 In another hospital in this trust
 In another hospital not in this trust
 Other, *describe*

Additional space for further information (please indicate question number you are referring to)

THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS SURVEY
PLEASE PHOTOCOPY THIS FORM AND KEEP A COPY FOR YOUR RECORDS BEFORE RETURNING TO YOUR CMACE REGIONAL OFFICE.

Speciality & Clinician Codes

CODE	SPECIALITY	CODE	SPECIALITY	CODE	CLINICIAN
100	General Surgery	302	Endocrinology	CONS	Consultant
110	Trauma & Orthopaedics	303	Clinical Haematology	SG	Staff Grade
120	Ear Nose Throat (ENT)	400	Neurology	CF	Clinical Fellow
145	Oral & Maxillo Facial Surgery	401	Clinical Neuro-Physiology	AS	Associate Specialist
150	Neurosurgery	420	Paediatrics	ST + 1-8	Single Training e.g. ST4
170	Cardiothoracic Surgery	421	Paediatric Neurology	SpR + year	Specialist Registrar e.g. SpR2
171	Paediatric Surgery	450	Dental Medicine Specialities	FY + year	Foundation year e.g. if year 1, enter FY1
180	Emergency Medicine	460	Medical Opthamology	ENP	Emergency Nurse Practitioner
190	Anaesthetics	600	General Medical Practice	APNP	Advanced Paediatric Nurse Practitioner
192	Critical Care Medicine	601	General Dental Practice	ATNC	Nurse - Advance Trauma Cert
193	Paediatric Intensive Care	810	Radiology	RSCN	Nurse - RSCN
300	General Medicine	823	Haematology	NURS	Nurse - General
301	Gastroenterology	000	Other (Surgical or Medical)	GP	General Practitioner