



PROCEDURE CHECKLIST

Head injury: applying the CT decision rules

A step-by-step application of NICE head injury criteria to decide whether an adult or child needs a CT head scan, and how urgently.



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Patient reference	Date	Time	Completed by
Equipment ready			
☐ GCS chart (adult and paediatric versions)		☐ Post-traumatic seizure with no history of epilepsy.	
☐ Pupil torch		☐ GCS below 14 on initial ED assessment, or for a child under 1 year, paediatric GCS below 15.	
☐ Anticoagulant and medication history		☐ GCS below 15 at 2 hours after the injury.	
☐ Access to CT and radiology reporting		☐ Suspected open or depressed skull fracture, or tense fontanelle.	
☐ Written head injury advice leaflet		☐ Any sign of basal skull fracture.	
Before · Initial assessment		☐ Focal neurological deficit.	
☐ Assess ABCDE with cervical spine protection; treat hypoxia and hypotension.		☐ In a child under 1 year, a bruise, swelling or laceration of more than 5 cm on the head.	
☐ Assess the cervical spine at the same time using the spinal criteria.		During · Children — the observation group	
☐ Record GCS (with components), pupils and limb movements.		☐ If none of the 1-hour criteria apply, check for: witnessed loss of consciousness over 5 minutes, abnormal drowsiness, three or more discrete episodes of vomiting, dangerous mechanism, amnesia over 5 minutes.	
☐ Take the history: mechanism, loss of consciousness, amnesia (duration before and after), vomiting episodes, seizures, headache.		☐ If more than one of these is present, perform CT within 1 hour.	
☐ Ask specifically about anticoagulants, antiplatelets and bleeding or clotting disorders.		☐ If only one is present, observe for at least 4 hours from the injury.	
☐ Do not attribute a reduced GCS to alcohol or drugs until a head injury has been excluded.		☐ If the child is on anticoagulants, perform CT within 8 hours even with no other features.	
During · Adults — CT within 1 hour if any one of		During · Reading the result	
☐ GCS below 13 on initial ED assessment.		☐ Review the CT for extra-axial blood (extradural, subdural), subarachnoid blood, contusion, midline shift, effacement of cisterns, hydrocephalus and fractures.	
☐ GCS below 15 at 2 hours after the injury.		☐ Discuss any clinically significant abnormality with neurosurgery.	
☐ Suspected open or depressed skull fracture.		☐ If the patient is anticoagulated and has intracranial bleeding, start reversal without waiting for the neurosurgical opinion. Follow the anticoagulation reversal protocol.	
☐ Any sign of basal skull fracture.		After · Observation, discharge and documentation	
☐ Post-traumatic seizure.		☐ Observe and record GCS, pupils, limb movements, respiratory rate, heart rate, blood pressure, temperature and oxygen saturation half-hourly until GCS 15.	
☐ Focal neurological deficit.		☐ Re-assess urgently and consider repeat CT if GCS falls, severe or increasing headache develops, vomiting persists, or new neurological signs appear.	
☐ More than one episode of vomiting.		☐ Discharge only when GCS 15, there are no other concerns, and a responsible adult is available to supervise.	
During · Adults — CT within 8 hours		☐ Refer children with any safeguarding concern according to local policy.	
☐ If the patient is taking an anticoagulant, perform CT within 8 hours of the injury even with no other risk factors.		☐ Document each criterion checked, the decision and its timing, CT result and advice given.	
☐ If there has been loss of consciousness or amnesia since the injury and any of: age 65 or over, bleeding or clotting disorder, dangerous mechanism, or more than 30 minutes of retrograde amnesia.			
☐ For patients on antiplatelet therapy, apply the current NICE recommendation and local protocol.			
During · Children (under 16) — CT within 1 hour if any one of			
☐ Suspicion of non-accidental injury.			



A drafted procedure checklist, awaiting senior review. Perform procedures only within your training, competence and local policy. It does not replace your clinical judgement.

EM Orbit · Emergency medicine, in one orbit · proc-head-injury-ct · red rows are the steps that must not be missed