

TITLE- CARE HOME HEAD INJURY GUIDELINES

TARGET AUDIENCE	Care home staff Primary care staff providing care to patients in care, nursing or residential home settings
PATIENT GROUP	Patients living in care, nursing or residential homes

Introduction

Falls are common in older adults living in care homes. Older people living in care homes are three times more likely to fall than older people living in the community. Head injuries are among the most common types of falling injuries and can have significant consequences for care home residents. Long term sequelae of head injury can include loss of confidence, increasing disability/dependence, worsening cognitive impairment, seizures and even mortality. They are also a source of increased stress for staff within care homes.

The NICE guideline – “head injury: assessment and early management” was published in May 2023. However, while this has been used to inform the guideline it does not specifically cover head injuries in care home residents. Patients in care homes are often of advanced age, living with frailty and/or dementia. They may fall into a group where neurosurgical intervention will hold more risks than benefits or not be a feasible option. A change in environment (such as transfer to the emergency department) can be associated with risk in this group. Therefore, this guideline has been produced to help guide staff involved in the initial assessment of care home residents presenting with head injury. However, each patient should be treated as an individual with respect to his or her frailty, past medical history, future care plan and past and present wishes.

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 or investigation of head injury.

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 appropriately dated 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.

It is also important to remember a head injury may temporarily affect a resident’s capacity to make decisions about their health and welfare and this should be considered in any assessment of care home residents who have experienced head injury.

Future Care Plans:

Increasing numbers of care home residents have a form of future care planning (previously called anticipatory care) available. These allow care home residents, their families and carers to think about the future and plan what realistic treatment options they would like in the event of an unplanned deterioration. In care home residents in Lanarkshire these can be available via a paper booklet, an electronic key information summary (eKIS) or on a purple RESPECT form which may be available in paper copy or on clinical portal. These are important parts of a patients’ treatment and where available should be utilised to help guide decisions around investigation and management of head injury.

Guidance for Care Home Staff attending to Resident with Head Injury

Is the resident:

- Unconscious
- Bleeding profusely/have large wounds
- Obvious severe injury
- New weakness in limbs
- Seizure/fit since the injury

Ring 999 and apply first aid while waiting

If none of the above applies, then assess the resident as below:

- | | | | | |
|---|----|--------------------------|-----|--------------------------|
| <ul style="list-style-type: none"> • Are they less alert than they normally are? | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Is there any injury that is visible to you or that you can feel? (<i>check their head and do not forget the back of their head.</i>) | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Have they vomited since the injury? | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Is their memory for events before or after the event affected? (<i>this cannot be assessed in those with dementia or communication problems</i>) | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Have they developed NEW problems moving their arms/legs since the head injury? | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Are they on any medication that would increase risk of bleeding (e.g. warfarin / anticoagulants/ clopidogrel) or do they have a disorder affecting their blood? | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Are they complaining of a constant headache? | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> |

A. If NO to all the above:

- ✓ Observe as per head injury guidance

B. If YES to any of the above:

- ✓ Be ready to describe exactly what happened and why you are concerned. Consider using the OOH SBAR.
- ✓ Have a list of their medical conditions and their medications ready. This should include any future care planning that is available for the resident.
- ✓ Contact the GP in hours or NHS 24 out of hours (see appendix 4)
- ✓ The clinician calling will decide on further action and how urgently this is needed. You should expect this advice to be given remotely in the first instance.

Guidance for Care Home Nursing Staff and Primary Care Clinicians remotely triaging Head Injury in Care Home Residents

Remote triage of unscheduled care requests from care homes to GP practices is now commonplace and all staff in care homes should expect this as first line management when requesting advice about a resident with head injury. General practice is not the default provider for head injuries. Some head injuries may be better managed within the emergency and minor injuries departments and this care can be accessed via 111.

Immediate direction to the emergency department via the flow navigation centre (0800 111 4003) or NHS 24 should be considered in the following circumstances:

- Unconsciousness or reduction in conscious level since the injury
- Any focal neurological deficit since the injury (see appendix 1)
- Any suspicion of complex skull fracture (see appendix 2) or penetrating head injury
- Any seizure since the head injury
- A high energy head injury (see appendix 3)
- Residents with either bleeding/clotting disorders or current anticoagulant or clotting disorders (excludes aspirin monotherapy)
- If there are safe guarding concerns (possible non accidental injury)

Transfer of frail care home residents to hospital settings can be associated with risk - (risks include distress, delirium, hospital acquired infection and falls.) Decisions to transfer should be made with the knowledge of a patients past medical history, frailty score and their past and present wishes. Welfare power of attorneys/guardians should be contacted to help guide the decision making process. Future care plans should be available to GPs via the eKIS screen and should be utilised to help guide the decision to transfer.

Guidance to Support Primary Care Clinicians Delivering Face to Face Assessment for Care Home Residents with Head Injury

There are occasions where primary care clinicians may either feel it best to or be asked to attend to a care home resident suffering from head injury when on a visit for another reason. The following guidance may be helpful for those clinicians.

Consider referring the following patients to the emergency department via the flow navigation centre (0800 111 4003):

- Patients with a GCS of less than 15 *
- Any focal neurological deficit since the injury (see appendix 2)
- Any suspicion of a complex skull fracture or penetrating head injury (see appendix 1)
- Persistent headache since the injury
- Any vomiting episodes since the injury
- Any seizure since the injury
- Any previous brain surgery
- Any history of bleeding, clotting disorders or current anticoagulation/anti platelet therapy (excluding aspirin monotherapy)
- Safeguarding concerns (any risk of non-accidental injury)
- Alteration of patient's behaviour including new and worsening confusion or new distressed or difficult behaviours

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* Patient's in care homes with dementia, learning difficulties, previous strokes or other neurological disorders may have a pre-injury baseline score of less than 15. This should be established where possible and taken into account where making decisions about transfer.

References/Evidence

1. NICE guideline [NG232] Head injury: assessment and early management. Published 18 May 2023
2. Head injury in the elderly – an overview for the physician. Beedham et al Clinical Medicine. 2019: Vol 2: 177-84
3. Managing Falls and Fractures in Care Homes for Older People. Good Practice Resource. Revised Addition. Care Inspectorate and NHS Scotland 2016.

Appendices

1. Governance information for Guidance document

Author:	Dr Catriona Nisbet – GP Lead – Care Homes & Frailty
Endorsing Body:	Care Homes Guidance and Governance Group
Governance or Assurance Committee	South Lanarkshire HSCP Health Governance Group
Implementation Date:	October 2023
Version Number:	Version 3 – Draft 1
Review Date:	October 2026
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CHANGE RECORD			
Date	Lead Author	Change	Version No.
		<i>e.g. Review, revise and update of policy in line with contemporary professional structures and practice</i>	1
			2
			3
			4
			5

2. You can include additional appendices with complimentary information that doesn't fit into the main text of your guideline, but is crucial and supports its understanding.



Appendix 1 - Signs of a Complex Skull Fract



Appendix 2- Definition of Focal Ne



Appendix 3 - Recording Sheet for C



Appendix 4- CH Admission Pathway.d

Lead Author		Date approved	
Version		Review Date	