HEAD INJURY IN CHILDREN

TRANSFER INFORMATION FORM (B)

Please complete this form for a child or young person up to 15 years old (14 yrs + 365 days) who as a result of a head injury* or a head injury as part of a pattern of injuries was transferred* to your hospital within the first 72 hours post injury for secondary or tertiary care between 1st SEPTEMBER 2009 and 28th FEBRUARY 2010 inclusive:

Please tick type of case: (Select one option only)

☐ Child arrives in your Emergency Department following transfer* from another hospital and admitted* for secondary or tertiary care in the same hospital OR

☐ Child admitted directly to a unit in your hospital for secondary or tertiary care following transfer or retrieval from another hospital (e.g. direct to PICU)

Instructions for completing and returning the notification form

1. This form should be completed by the hospital receiving the child.
2. Certain sections may not be applicable to all children. Please read the guidance manual before completing.
3. One form should be completed per child, per transfer.
4. Please complete the form using the information available in the child’s notes. 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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Trust:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job title/Role:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Unit:</td>
<td>Email:</td>
</tr>
<tr>
<td>Hospital:</td>
<td></td>
</tr>
</tbody>
</table>

* Head injury: Examples of head injuries to include or exclude can be found on the back of this form.

* Admission: Hospital admission is defined as occurring when the patient is in receipt of treatment or observation in an inpatient 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 inpatient unit. This may only be for a matter of hours beyond the first four hours from arrival at hospital.

* Transfer: Refers to the transport of a patient by ambulance (land or air) from one hospital to another hospital facility. Also referred to as an ‘inter-hospital transfer’ between two hospitals either within or out of the same trust.
**SECTION 1: DETAILS OF CHILD**

1. Hospital Number

2. NHS Number/Healthcare Number

3. Surname/family name

4. First name

5. Sex
   - Male
   - Female
   - Not known

6. 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

7. Postcode of patient’s normal residence

**SECTION 2: DETAILS OF TRANSFER TO SECONDARY/TERTIARY CARE**

2.1 Was this a transfer or retrieval?
   - Transfer
   - Retrieval
   - Not known

2.2 Name of hospital and trust child transferred FROM
   - (Hospital)
   - (Trust)

2.3 Name of hospital and trust child transferred TO
   - (Hospital)
   - (Trust)

2.4 Date and time first referral made for transfer
   - (DOB:MM/YY HH:MM)
   - Not recorded

2.5 First referral request for transfer accepted
   - Yes
   - No
   - Not recorded

2.6 Date and time departure for transfer
   - (DOB:MM/YY HH:MM)
   - Not recorded

2.7 Date and time arrival at secondary/tertiary care
   - (DOB:MM/YY HH:MM)
   - Not recorded

2.8 Reason for transfer (please tick all that apply)
   - No paediatric facilities
   - No ICU facilities in hospital
   - No PICU bed available in hospital
   - No general ICU bed available in hospital
   - Access to paediatric neuroscience facilities
   - Paediatric surgery
   - Receiving hospital close to child’s home
   - Other, please specify ______

2.9 Means of transfer
   - Specialist PICU transport team
   - Local team
   - Paramedic Ambulance
   - Ambulance (Non paramedic)
   - Private/public transport
   - Other land, please specify ______
   - Helicopter (Paramedic/medic)
   - Other airborne, please specify ______

2.10 Additional transfer information (e.g. reason for delay)

2.11 Was the child ‘admitted’ to receiving hospital for secondary or tertiary care (see cover for definition of admission)
   - Yes → Go to 3.1
   - No → Go to 2.11.1

2.11.1 If no, where did child go:
   - Transferred to another hospital → Go to 4.2
   - Deceased → Go to 4.4
   - Other, please specify ______ → Go to 4.1
### SECTION 3: ADMISSION AT SECONDARY/TERTIARY CARE

#### 3.1 Date admitted to area
- Not recorded

#### 3.2 Time admitted to area
- Not recorded

#### 3.3 Area child first admitted to:
- General children’s ward
- Paediatric Intensive Care Unit (PICU)
- Paediatric Neurosurgical unit
- Paediatric High Dependency Unit (PHDU)
- Specialist children’s ward, specify ______
- General/Adult ICU
- Adult Neurosurgical unit
- Adult High Dependency Unit (HDU)
- Other, specify ______
- Theatre
- Short stay Unit
- Observation unit
- Not known

#### 3.4 Designated lead team for this admission
- General Paediatrics
- Paediatric Emergency Medicine
- Paediatric Intensive Care
- Paediatric Neurosurgery
- Paediatric Surgery
- General/Adult Emergency Medicine
- General/Adult Intensive Care
- Adult Neurosurgery
- General/Adult Surgery
- Orthopaedic Surgery
- Not known

#### 3.5 Indication for admission
- Severity of the head injury
- Recovery from GA or sedation used for CT scan
- Severity of other injuries
- Child fulfils criteria for CT scanning but this cannot be done within the appropriate period
- Severity of mechanism of injury
- Not sufficiently cooperative to allow scanning
- Continuing worrying signs in relation to head injury
- Admitted for GA to have a CT scan
- Abnormality identified on CT scan
- Shock
- Base of skull fracture
- Suspected Non Accidental Injury (NAI)
- Meningism
- Other, please specify (e.g. not related to head injury, gastroenteritis)
- CSF leak
- Other, specify ______
- Drug or Alcohol intoxication

#### 3.6 Child’s neurological status at admission to secondary/tertiary care
*Document the worst score before intubation/intervention on arrival. If no intubation/intervention occurred, document the worst score.*

##### 3.6.1 Glasgow Coma Scale Score
- Not recorded

<table>
<thead>
<tr>
<th>Eye opening</th>
<th>Verbal response</th>
<th>Motor response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**TOTAL (out of 15)**

**Time GCS recorded:**
- Not recorded

##### 3.6.2 AVPU Score
- Not recorded

<table>
<thead>
<tr>
<th>Alert</th>
<th>Respond to Voice</th>
<th>Respond to Pain</th>
<th>Unresponsive</th>
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</thead>
<tbody>
<tr>
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</table>

**Time AVPU recorded:**
- Not recorded

#### 3.7 Child intubated following arrival at centre
- Yes  
- No  
- Not known

#### 3.8 Consultant paediatrician involved in care of child
* (i.e. Discussed with at time of care delivered) 
- Yes  
- No  
- Not known

#### 3.9 Neurosurgeon involved in care of child
* (This includes liaison over telephone, or other means) 
- Yes  
- No  
- Not known

#### 3.10 Specialist in Child Protection with level 3 training or above involved
* (i.e. Discussed with at time of care delivered) 
- Yes  
- No  
- Not known

#### 3.11 Child Protection referral made to external body
* (e.g. Social Services or Police) 
- Yes  
- No  
- Not known

#### 3.12 Skeletal survey undertaken
* (i.e. as part of a child protection assessment) 
- Yes  
- No  
- Not known

#### 3.13 Review by ophthalmology undertaken
* (i.e. as part of a child protection assessment) 
- Yes  
- No  
- Not known
SECTION 3: ADMISSION AT SECONDARY/TERTIARY CARE continued

3.14 IN ADDITION to the first area of admission was the child at any time during the first 72 hours post injury admitted to any of the following areas?

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
<th>Date admitted</th>
<th>Time admitted (24 hr clock)</th>
<th>Date discharged</th>
<th>Time discharged (24 hr clock)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. PICU</td>
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<td>b. PHDU</td>
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<tr>
<td>c. General ICU</td>
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<tr>
<td>d. General HDU</td>
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<tr>
<td>e. Neurosurgical unit</td>
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<tr>
<td>f. Ward</td>
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<td>g. Theatre</td>
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<td>h. Other, specify</td>
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</tbody>
</table>

IMAGING (At any time following transfer)

3.15 Head CT scan performed

3.15.1 Date first head CT scan performed

3.15.2 Time first head CT scan performed (24 hr clock)

3.15.3 Was the first head CT scan reported as normal on provisional report?

3.15.4 If no head CT performed, please indicate reason/reasons why: (tick all that apply)

- CT scan already done at first hospital
- Child not stable
- Other, please specify ________
- Not considered to be clinically indicated
- No CT available
- Not known

3.16 Complete cervical spine CT performed

3.16.1 Was the first spine CT scan reported as normal on provisional report?

3.16.2 If no spine CT scan performed please indicate reason/reasons why: (tick all that apply)

- CT scan already done at first hospital
- Child not stable
- Other, please specify ________
- Not considered to be clinically indicated
- No CT available
- Not known

3.17 Additional CT information (e.g. reason for delay)

SECTION 4: CHILD’S OUTCOME - Complete at whichever occurs first: at transfer, at death in hospital, or at the end of the first 72 hours post injury.

4.1 Please indicate the status or location of the child at whichever occurs first

- Transferred → Go to 4.2
- Discharged → Go to 4.3
- Deceased → Go to 4.4
- General children’s ward
- Specialist children’s ward, specify ________
- Paediatric Intensive Care Unit (PICU)
- Paediatric High Dependency Unit (PHDU)
- Paediatric Neurosurgical unit
- General/Adult ICU
- Adult/General HDU
- Other, specify ________
- Adult Neurosurgical unit
- Not known
SECTION 4: CHILD’S OUTCOME continued

4.2 Transferred

4.2.1 Was this a transfer or retrieval? □ Transfer □ Retrieval □ Not known

4.2.2 Name of hospital and trust child transferred to (Hospital) __________________________ (Trust) __________________________

4.2.3 Date and time first referral made for transfer

<table>
<thead>
<tr>
<th>D</th>
<th>M</th>
<th>Y</th>
<th>H</th>
<th>M</th>
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</tbody>
</table>
(24 hr clock) □ Not recorded

4.2.4 First referral request for transfer accepted □ Yes □ No

4.2.5 Date and time departure for transfer

<table>
<thead>
<tr>
<th>D</th>
<th>M</th>
<th>Y</th>
<th>H</th>
<th>M</th>
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</tbody>
</table>
(24 hr clock) □ Not recorded

4.2.6 Reason for transfer

(please tick all that apply)

- □ No paediatric facilities
- □ No ICU facilities in hospital
- □ No PICU bed available in hospital
- □ No general ICU bed available in hospital
- □ No paediatric neuroscience facilities
- □ Access to paediatric neuroscience facilities □ Not recorded
- □ Paediatric surgery □ Not known
- □ Receiving hospital close to child’s home □ Other, please specify ______

4.2.7 Means of transfer

□ Specialist PICU transport team
□ Local team
□ Paramedic Ambulance
□ Ambulance (Non paramedic)
□ Private/public transport
□ Other land, please specify ______ □ Not recorded
□ Helicopter (Paramedic/medic)
□ Other airborne, please specify ______ □ Not known

4.2.8 Additional transfer information (e.g. reason for delay)

4.3 Discharged

4.3.1 Place child discharged to □ Home □ Rehab centre □ Not known
□ Other, specify ______

4.3.2 Date of discharge

<table>
<thead>
<tr>
<th>D</th>
<th>M</th>
<th>Y</th>
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</table>
(Not recorded)

4.3.3 Time of discharge

<table>
<thead>
<tr>
<th>H</th>
<th>M</th>
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<tr>
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</tbody>
</table>
(24 hr clock) □ Not recorded

4.3.4 Diagnosis on discharge


4.4 Death (if a diagnosis of brain stem death is made then the date and time of this diagnosis equals the date and time of death)

4.4.1 Date of death

<table>
<thead>
<tr>
<th>D</th>
<th>M</th>
<th>Y</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
(Not recorded)

4.4.2 Time of death

<table>
<thead>
<tr>
<th>H</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(24 hr clock) □ Not recorded

4.4.3 Place of death

□ General children’s ward □ General/Adult ICU □ Theatre
□ Paediatric Intensive Care Unit (PICU) □ Adult Neurosurgical unit □ Short stay Unit
□ Paediatric Neurosurgical unit □ Adult High Dependency Unit (HDU) □ Observation unit
□ Paediatric High Dependency Unit (PHDU) □ Emergency Department □ Home
□ Specialist children’s ward, Specify ______ □ Other, specify ______ □ Not known

4.4.4 Death certificate issued □ Yes □ No □ Not known

4.4.5 Coroner’s referral made □ Yes □ No □ Not known

4.4.6 Cause of death (as stated on death certificate. If no certificate issued state cause of death as in notes)

For children who died <28 days old
1. __________________________
   2a. __________________________
   2b. __________________________
   2c. __________________________
   2d. __________________________

For deaths of a child (> 28 days old)
1a. __________________________
   1b. __________________________
   1c. __________________________
   2. __________________________
Inclusion & exclusion criteria

Please include:
- Children up to 15 years old (14 years and 364 days) who between 00:00 on the 1st September 09 and 23:59 on the 28th 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 (regardless of length of stay) OR Died in the hospital, including the Emergency Department OR Transferred to other hospital for specialist care or for an ICU/HDU bed OR Died at the scene or en route to the receiving hospital OR Transferred in to your hospital (regardless of length of stay)

Please exclude:
- 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 15th birthday at the time of injury).

<table>
<thead>
<tr>
<th>Examples of types of head injuries to be INCLUDED</th>
<th>Examples of types of head injuries to be EXCLUDED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S02 Fracture of skull and facial bones, e.g.</strong></td>
<td><strong>S00 Superficial Injuries, e.g.</strong></td>
</tr>
<tr>
<td>Fracture of vault of skull</td>
<td>Superficial injury of scalp</td>
</tr>
<tr>
<td>Fracture of base of skull</td>
<td>Contusion of eyelid and periocular area</td>
</tr>
<tr>
<td>Multiple fractures involving skull and facial bones</td>
<td>Other superficial injuries of eyelid and periocular area</td>
</tr>
<tr>
<td>Fractures of other skull and facial bones</td>
<td>Superficial injury of nose, ear, lip, or oral cavity</td>
</tr>
<tr>
<td><strong>S04 Injury of cranial nerves, e.g.</strong></td>
<td><strong>S01 Open wound of head, e.g.</strong></td>
</tr>
<tr>
<td>Injury of optic nerve and pathways</td>
<td>Scalp, eyelid and periocular area, nose, ear, cheek &amp; temporomandibular area, lip &amp; oral cavity.</td>
</tr>
<tr>
<td>Injury of oculomotor nerve</td>
<td><strong>S02 Fracture of skull and facial bones, e.g.</strong></td>
</tr>
<tr>
<td><strong>S06 Intracranial injury, e.g.</strong></td>
<td>Fracture of tooth, mandible, nasal bones, orbital floor, malar &amp; maxillary bones.</td>
</tr>
<tr>
<td>Concussion</td>
<td><strong>S03 Dislocation, sprain &amp; strain of joints &amp; ligaments of head, e.g.</strong></td>
</tr>
<tr>
<td>Traumatic cerebral oedema</td>
<td>Dislocation of jaw, septal cartilage of nose, septal cartilage of nose, or tooth. Sprain and strain of jaw.</td>
</tr>
<tr>
<td>Diffuse brain injury</td>
<td><strong>S04 Injury of cranial nerves, e.g.</strong></td>
</tr>
<tr>
<td>Focal brain injury</td>
<td>Injury of trochlear nerve, trigeminal nerve, abducens nerve, facial nerve</td>
</tr>
<tr>
<td>EDH (Extra Dural Haematoma)</td>
<td><strong>S05 Injury of eye and orbit, e.g.</strong></td>
</tr>
<tr>
<td>Traumatic subdural/subarachnoid haemorrhage</td>
<td>Injury of conjunctiva and corneal abrasion</td>
</tr>
<tr>
<td>Intracranial injury with prolonged coma</td>
<td>Contusion of eyeball and orbital tissues</td>
</tr>
<tr>
<td>Other intracranial injuries</td>
<td>Ocular laceration and rupture with prolapse</td>
</tr>
<tr>
<td>Intracranial injuries - unspecified</td>
<td>Penetrating wound of orbit, or eyeball</td>
</tr>
<tr>
<td><strong>S07 Crushing injury of head, e.g.</strong></td>
<td>Avulsion of eye</td>
</tr>
<tr>
<td>Crushing injury of the face</td>
<td><strong>S06 Traumatic amputation of part of head, e.g.</strong></td>
</tr>
<tr>
<td>Crushing injury of the skull</td>
<td>Avulsion of scalp</td>
</tr>
<tr>
<td><strong>S08 Traumatic amputation of part of head, e.g.</strong></td>
<td>Traumatic amputation of ear</td>
</tr>
<tr>
<td>Traumatic amputations</td>
<td></td>
</tr>
</tbody>
</table>