

Health Centre Incident Report

Name DoB Class

Contact name Contact ph number

GP NHI number.....

Date of incident Time of incident.....

History / Mode of injury:

Location of incident Teacher at time of incident.....

.....
.....
.....

Presenting signs & symptoms

.....
.....
.....

Initial recordings taken @

BP P R T BGL PF

GCS (see over page for more observations) O² Sats

Allergies

Medical history

.....

Nil per mouth since.....

Action taken / Management

.....
.....
.....

Referred to Family notified Yes / No

Provisional diagnosis / follow up

.....
.....
.....

Signed Date

NEUROLOGICAL OBSERVATION CHART

Name _____ DoB _____ Class _____

Date: _____		Time																			
NEUROLOGICAL OBSERVATIONS																					
COMA SCALE	EYES	Spontaneously	4																		
		To speech	3																		
		To pain	2																		
		None	1																		
	VERBAL	Orientated	5																		
		Confused	4																		
		Inappropriate words	3																		
		Incomprehensible sounds	2																		
		None	1																		
	MOTOR	Obeys commands	6																		
		Localises pain	5																		
		Withdraws to pain	4																		
Flexion to pain		3																			
Extension to pain		2																			
None		1																			

GCS Total Score

PUPILS	+	Reacts	R																	
	-	No reaction																		
	c	Closed	L																	
	s	Size																		

<p style="text-align: center;">Pupil size (mm)</p> <p>2mm ●</p> <p>3mm ●</p> <p>4mm ●</p> <p>5mm ●</p> <p>6mm ●</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">Blood Pressure & Pulse Rate</p>	<p style="text-align: right;">240</p> <p style="text-align: right;">230</p> <p style="text-align: right;">220</p> <p style="text-align: right;">210</p> <p style="text-align: right;">200</p> <p style="text-align: right;">190</p> <p style="text-align: right;">180</p> <p style="text-align: right;">170</p> <p style="text-align: right;">160</p> <p style="text-align: right;">150</p> <p style="text-align: right;">140</p> <p style="text-align: right;">130</p> <p style="text-align: right;">120</p> <p style="text-align: right;">110</p> <p style="text-align: right;">100</p> <p style="text-align: right;">90</p> <p style="text-align: right;">80</p> <p style="text-align: right;">70</p> <p style="text-align: right;">60</p> <p style="text-align: right;">50</p> <p style="text-align: right;">40</p> <p style="text-align: right;">30</p> <p style="text-align: right;">20</p>	
Respiration ¹⁰			

O ₂ Saturations	
Normal and equal power upper limbs	+/-
Normal and equal power lower limbs	+/-
Dizziness	
Headache score (out of 10)	
Nausea (N) / Vomiting (V) if applicable	

Call 111 for ambulance for anyone with the following signs and symptoms:

- GCS <15 at initial assessment (if this is thought to be alcohol related observe for two hours and refer if GCS score remains <15 after this time)
- Post-traumatic seizure (generalised or focal)
- Signs of a skull fracture (including cerebrospinal fluid from nose or ears, haemotympanum, boggy haematoma, post auricular or periorbital bruising)
- Loss of consciousness
- Severe and persistent headache
- Repeated vomiting (two or more occasions)
- Post-traumatic amnesia > 5 minutes
- Retrograde amnesia > 30 minutes
- High risk mechanism of injury (road traffic accident, significant fall)
- Coagulopathy, whether drug-induced or otherwise reference: Scottish Intercollegiate Guideline Network – Early management of patients with a head injury (2009)

Contact health centre or office for student/staff contact details (request print out of details if available).
 Arrange for someone responsible to meet and direct ambulance to injured person.