As a legal nurse consultant, you may be asked to work on cases involving patients with head injuries. These can occur in all kinds of settings, both within and outside healthcare facilities.

This is Pat Iyer with this week’s edition of Iyer’s Insights, one of the two weekly shows of Legal Nurse Podcast.

Let’s head into the emergency department. Head injuries are responsible for almost a half million visits to the emergency departments (ED) in the United States. Of those, more that 75% are considered mild traumatic brain injuries and many of those are due to falls.

**Why are kids such frequent visitors to the ED?**

Quite simply, they do dangerous things. I remember the 18-month-old boy who launched himself off my guest bed and hit a corner of the bedside table on the way down.

I remember the concussion I got at age 19 when my friend’s horse threw me.

I remember a boy who fell off the monkey bars in the playground and was never the same.

Older pediatric patients, especially adolescents, tend to engage in risk-taking behavior with greater risk of injury. You’ve seen these videos on YouTube, I’ll bet. They are called “Fails” and show accidents caught on camera.

For instance, consider the child who dared by friends to jump off a roof and land in a pool, but instead hit the diving board on the way into the water.

Let’s focus on what the ED nurse does when a child comes in with a head injury from a fall. We’d expect the nurse to ask himself or herself, “Does the description of how the head injury occurred make sense?”
The nurse should question the child and caregiver about the events surrounding the injury, including if it was a witnessed fall, if there was seizure activity after the fall, and if there was loss of consciousness with the fall. The nurse should obtain as much information from the patient and caregiver or witnesses as possible in order to get a complete picture of the incident.

The standard of care for triaging in the ED remains as high as if treating an adult with a head injury but with important differences.

The nurse must look at the whole picture of the incident in order to get a sense of the events surrounding the injury. In the pediatric population & head injuries, the events or story surrounding the fall and subsequent injury must be consistent with the actual injury. The story of the caregiver must be consistent with injuries observed.

The nurse needs to look at the interaction between the child and caregiver. If the child is crying, can the caregiver comfort the child or does the caregiver’s touch make the child flinch? If any events or the story surrounding the events set off any red flags to the treating nurse, a call to the state’s child welfare authority should be undertaken by the nurse as the advocate for the child.

The attending physician should be made aware of the nurse’s concerns so that the appropriate radiologic and CT scans are to be ordered to detect any old injuries on the patient. Security at the facility should be contacted as a standby in case the caregiver decides to leave with the child prior to discharge.

**Protective care of the head-injured child**

A child who has fallen and hit his head should be observed for neck and spinal injury. A hard cervical collar should be placed on the patient. If the injury was significant, the child should be placed on a backboard until he is deemed medically stable by the physician to come off the board.

The child should be observed for age-appropriate cognition, speech, and behavior. The standard of care for the head-injured child is a head CT, which can rule out any hemorrhagic occurrence in the brain. Most children will be diagnosed with a concussion, which can have short- or long-term ongoing symptoms, depending

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upon the severity of the injury. Follow up care for the child with a minor head injury should include post concussive syndrome information and education on what to expect in the days and months following a concussion.

This is Pat Iyer. Before we continue with the show, I’ll share a resource you’ll find helpful in evaluating head injury cases. I am describing our 6-hour long course called “Falls Course: The Impact of Head Injury”.

I invited nursing experts to participate with me in this course so you would get the tools you needed to analyze a head trauma case.

**What can this course do for you?**

1. **Gain insight and practical tools about how to analyze a head trauma case.** You will gain skill in reviewing facts of a fall case and learn from expert witnesses who have reviewed hundreds of cases.

2. **You’ll learn skills and techniques you can use immediately.** The course is not full of dry theory; it is a fast paced, comprehensive way to learn practical, useful information.

3. **Review the course over and over.** Not only will you be filled with useful information at the end of each session, when you purchase the course, you’ll be able to re-watch the replay and review the transcripts.

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Let’s switch our focus to the adults. I’ll give you tips for what to look for in the medical record.

There are many things that go into assessment of the head injured patient who presents to the emergency department. Here’s what emergency department nurses are expected to look for in the proper assessment of an adult head-injured patient. These tips will help you as a legal nurse consultant review the emergency department record of a patient who has fallen.

*Here is the scenario: Harriet Rogers arrives from Always the Best Nursing Home. She has a large profusely bleeding laceration over her right eye.*

**The assessment of the head-injured patient involves first getting the story**

First, the triage nurse has a relatively short time to get the story of why the patient came into the emergency department. In those few minutes, the nurse needs to use all his or her senses to obtain the needs of the patient, the possible situation, and the number of resources that the patient will require while in the emergency department.

*The triage nurse asks the nursing home staffer what happened. He hears, “I don’t know. We found her on the floor of the recreation room.”*

**Assess the patient**
Second, the nurse needs to take a good look at the patient. How old is she? The elderly have a higher probability of an intracranial bleed due to co-morbidities and possible anticoagulant therapy.

Suppose your assessment of the head injured patient shows she is on anticoagulation therapy. This is considered a level 2 on the ESI (emergency severity index with 5 needing no resources, a minor complaint, to a level 1, needing lifesaving intervention).

The nurse needs to see if the patient is incontinent of bowel or bladder, if she has any additional wounds besides the head laceration, or if she is oriented to person, place, and time.

_The nurse asks, “Where are you? What is your name? What day is it?” Harriet mumbles incoherently in response._

The standard of care requires the ED nurse to ask the nursing home staff about Harriet’s baseline mental status information, along with the last time she was seen as “normal” prior to the fall. The nurse should always consider placing the patient in a hard cervical collar and possibly a backboard if any neck or spine injury is suspected with along with the head injury.

**Determine the Mechanism of Injury in the Assessment of the Head Injured Patient**

Thirdly, the nurse needs to get the mechanism of injury facts. If the patient fell off an object, such as a bed, how high up was she? If the patient stated she fell from a standing position, did she trip over an object? If she felt dizzy prior to the fall, this could indicate a cardiac or brain event. If she did not block her fall with her hands, it could mean she had a sudden loss of consciousness, also indicative of a cardiac event.

If her fall was witnessed, the triage nurse should get the witness’ explanation (if available) on what happened before, during, and after the fall. The witness could provide valuable information such as a mental status baseline of the patient or if the patient had seizure activity after the fall.
If the head-injured patient was discovered on the floor (unwitnessed fall) with an unknown amount of time elapsed, this could also indicate a serious medical issue for this patient.

The ED nurse asks the nursing home staffer: “What was the floor surface in the recreation room? When was Harriet last seen? Do you have any idea how long she was on the floor?”

The scenarios that cause a head-injured patient to be brought to the emergency department are as varied as the number of patients who come through the emergency department every day. The emergency treatment of these patients must include delivering a standard of care that incorporates the nurse’s experience, clinical knowledge, and assessment skills.

By using the information provided here, you can review an emergency department medical record for a head injured patient and look for key pieces of information.

Thanks to Veronica Manlove, who provided the content for this podcast and was one of the presenters in the Falls Course: The Impact of Head Trauma. The course is ready for you on your desktop or mobile phone. Be sure to see the Learn More button in the show notes of this podcast. You’ll find the show notes on podcast.legalnursebusiness.com or on our new mobile app, biz.edu. Get the app at legalnursebusiness.com/bizedu.

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