

*Kathy Kruide*

**STANDING ORDER**

**HEAD INJURIES**

**I. ASSESSMENT**

- A. Assess level of responsiveness (consciousness). Assess response to verbal and painful stimuli. Is patient oriented to time, place, and persons' situation. Loss of consciousness? Delayed responses? Slurred speech?
- B. Determine the presence of headache, double vision, nausea, vomiting.
- C. Evaluate pupil size and reaction to light and ocular movements.
- D. Take vital signs.
- E. Evaluate for signs of rising intracranial pressure: deterioration of level of consciousness or mental status, slowing of pulse, rising systolic blood pressure, changes in pattern of respiration, dilating, non-reacting pupils.
- F. Evaluate motion, coordination and strength of extremities. Is cervical spine stable?

**II. MANAGEMENT**

- A. If unconscious or experiencing decreased level of consciousness or symptoms of rising intracranial pressure, call EMTs for transport to emergency room immediately.
- B. If alert and oriented with stable vital signs, continue to monitor for seventy-two (72) hours in the Medical Unit and notify Facility Provider of inmate's condition.

**III. EVALUATION**

- A. Facility Provider to be informed of inmate's injury and condition. Orders taken as needed.