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.