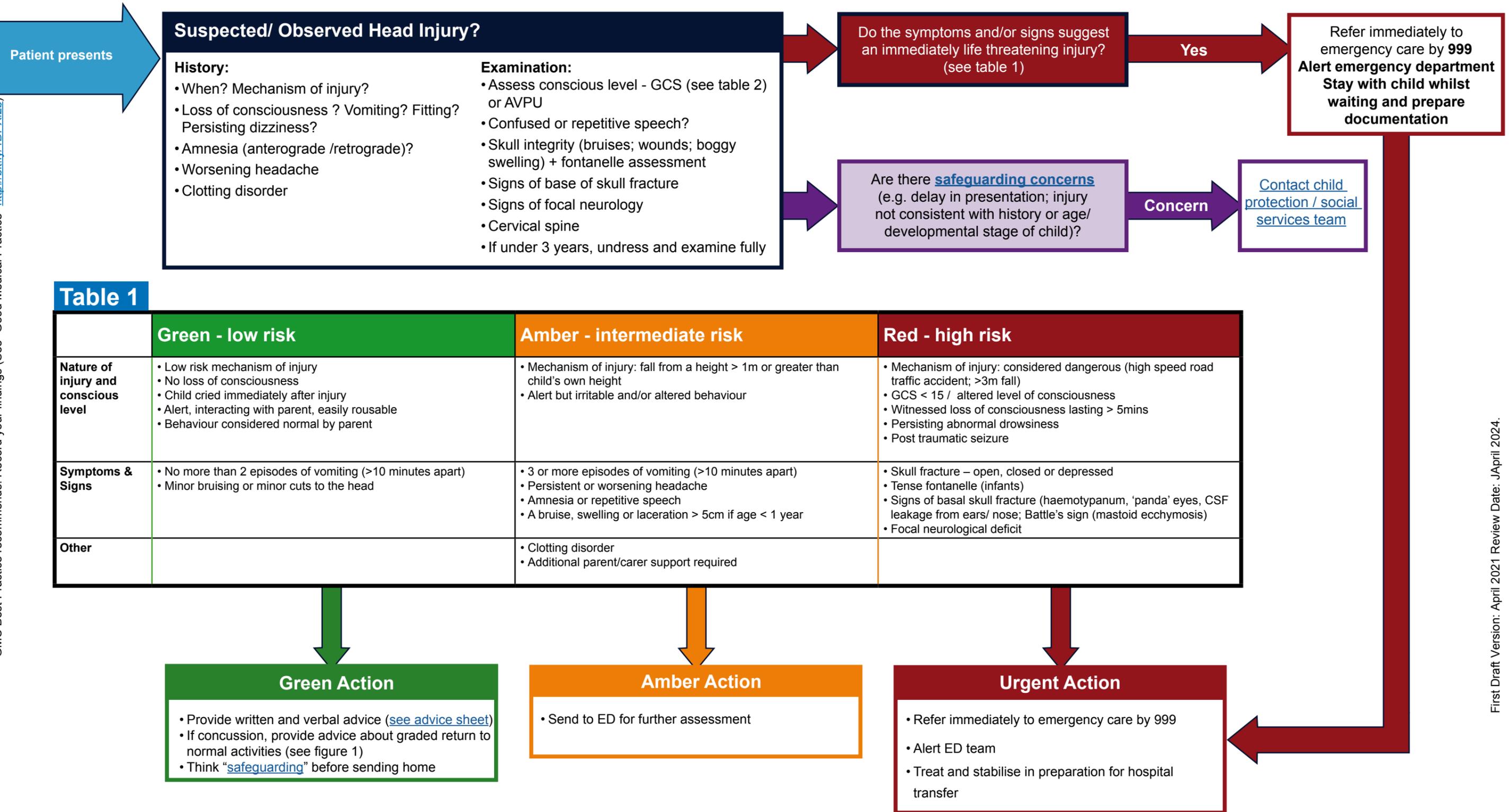


Head Injury Pathway

Clinical Assessment/ Management tool for Children



Management - Primary Care and Community Settings



GMC Best Practice recommends: Record your findings (See "Good Medical Practice" <http://bit.ly/1DPX12b>)

First Draft Version: April 2021 Review Date: JApril 2024.

Management - Primary Care and Community Settings

Table 2: Modified Glasgow Coma Scale for Infants and Children

	Child	Infant	Score
Eye opening	Spontaneous	Spontaneous	4
	To speech	To speech	3
	To pain only	To pain only	2
	No response	No response	1
Best verbal response	Oriented, appropriate	Coos and babbles	5
	Confused	irritable cries	4
	Inappropriate words	Cries to pain	3
	Incomprehensible sounds	Moans to pain	2
Best motor response*	No response	No response	1
	Obey commands	Moves spontaneously and purposefully	6
	Localises painful stimulus	Withdraws to touch	5
	Withdraws in response to pain	Withdraws to response in pain	4
Best motor response*	Flexion in response to pain	Abnormal flexion posture to pain	3
	Extension in response to pain	Abnormal extension posture to pain	2
	No response	No response	1

* If patient is intubated, unconscious, or preverbal, the most important part of this scale is motor response. Motor response should be carefully evaluated.

Glossary of Terms	
ABC	Airways, Breathing, Circulation
APLS	Advanced Paediatric Life Support
AVPU	Alert Voice Pain Unresponsive
B/P	Blood Pressure
CPD	Continuous Professional Development
CRT	Capillary Refill Time
ED	Hospital Emergency Department
GCS	Glasgow Coma Scale
HR	Heart Rate
MOI	Mechanism of Injury
PEWS	Paediatric Early Warning Score
RR	Respiratory Rate
WBC	White Blood Cell Count

Figure 2: suggested graded recovery regime following concussion (taken from BMJ 2016; 355 doi: <https://doi.org/10.1136/bmj.i5629> (Published 16 November 2016))

