**Queensland Ambulance Service**

**Exclusion from transport to General Practice**

- If GCS is <15 on arrival arrange transport to hospital
- If GCS deteriorates to <15 immediately transport to hospital for close clinical observation, CT scan and to prevent potential secondary injury
- If hourly clinical observation is not possible in the practice for at least 4 hours post time of injury
- Any other individual concerns.

**Management**

- Stabilize ABCDE and transfer patient to the Emergency Department if clinically indicated

---

**General Practice**

**Assessment and management**

1. Assess risk factors and red flags as listed, Post-traumatic amnesia (PTA), history of previous traumatic brain injury, high number of symptoms reported early after injury, suspected skull fracture, reduced balance or dizziness during acute stage, associated comorbidities which may impact
2. If GCS deteriorates to ≤ 13/15 arrange immediate transport to hospital
3. To assess PTA use the Westmead PTA Scale
4. A minimum of hourly observation is to be made for 4 hours
5. Arrange/refer the patient to their regular G.P. for follow up and provide a minor head injury fact sheet to the patient after explaining the warning signs and actions to be taken.
Escalation triggers

Refer to the Emergency Department

- When hourly clinical observation for a minimum of 4 hours post injury is not possible to be recorded, transfer the patient to the emergency department
- Clinical signs are NOT improving at four hours post injury
- GCS $\leq 13/15$ on arrival following blunt trauma/deteriorated since arrival
- Any other individual concerns which are not listed here.

Disclaimer:
This clinical pathway is a suggested guideline only, based on current evidence, and does not replace use of clinical judgement.