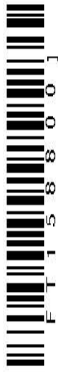




**INJURY
ASSESSMENT
FORM**

NAME: _____
DOB: _____ URN: _____
ADDRESS: _____

DOCTORS:
USE THIS FORM FOR ALL CHILDREN UNDER 5 YEARS WITH ANY PHYSICAL INJURY (EXCEPT MINOR LACERATIONS)



Date of Assessment:	Time Seen:	
Go to HOMER clerical screen and check "Regist." when logging in your "time seen"; complete box below:		
HISTORY OF PRESENTING COMPLAINT		
History obtained from:		
WHAT HAPPENED? Describe in detail how the injury occurred.		
IF THE CHILD FELL: How far? Any momentum (eg. Swing)? Onto what surface?		
IF TRANSPORT: What vehicle?		
When did it happen?	DATE: _____ TIME: _____	
Where did it happen?	<input type="checkbox"/> Home <input type="checkbox"/> Day Care <input type="checkbox"/> Playground <input type="checkbox"/> Street <input type="checkbox"/> Driveway <input type="checkbox"/> Other	
Who saw it?		
Who else was there?		
What did you / the carer do afterwards?		
What safety equipment (eg: helmet / car seat) was being used?	Last Ate: _____ Last Drank: _____	
PAST HISTORY		
Allergies	Past Medical History	Medications
Reported previous injuries	*Homer record of previous injuries and dates (Use "Regist.") (include poisoning and near-drowning)	
Immunisation Last Tetanus Booster:	Reported developmental level <input type="checkbox"/> Rolling <input type="checkbox"/> Sitting <input type="checkbox"/> Crawling <input type="checkbox"/> Walking <input type="checkbox"/> Running <input type="checkbox"/> Climbing	
Family History		

EXAMINATION

Weight: _____ kgs centile **Temperature:** _____

Level of Consciousness
 Alert Responds Verbally Responds to Pain Unresponsive

Observed developmental level
 Rolling Sitting Crawling Cruising Walking Running Climbing

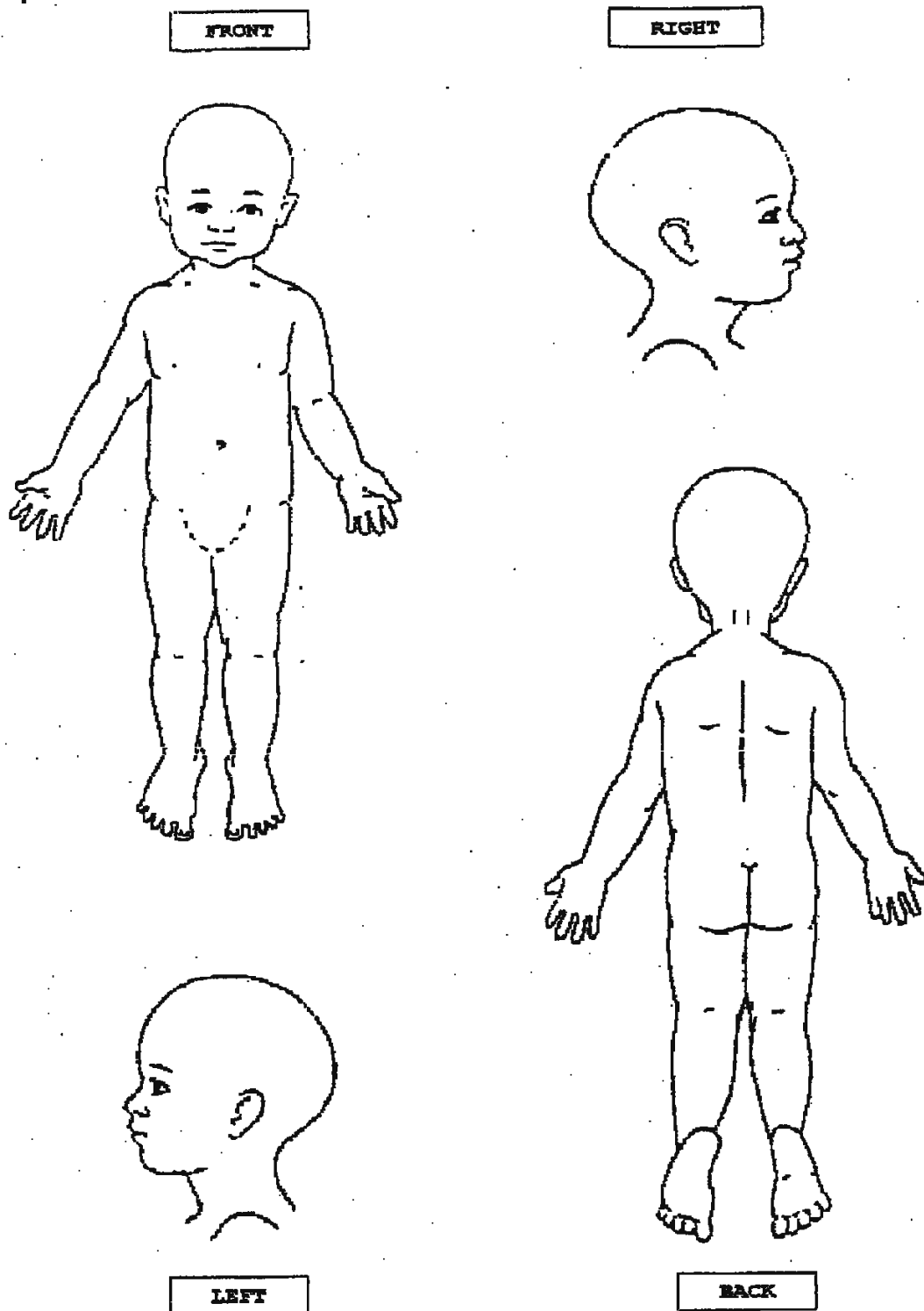
General Examination Draw details of injury / injuries on diagrams overleaf. Note: if tenderness and swelling present – note colour

<p>In children < 3 years with head or facial bruising:</p> <p>Measure head circumference: cm centile</p> <p>Palpate anterior fontanelle (if patent) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal – Comment: _____</p> <p>Perform fundoscopy (for retinal haemorrhages) <input type="checkbox"/> Normal <input type="checkbox"/> Not well visualized <input type="checkbox"/> Abnormal – Comment: _____</p>	<p>Neurological Examination</p> <table border="1" style="width:100%; height:130px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>								

X-RAYS AND INVESTIGATIONS

CLINICAL DIAGNOSIS

<p>Injury Mechanism</p> <input type="checkbox"/> Transport <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Driver <input type="checkbox"/> Fall <input type="checkbox"/> Fall from height <input type="checkbox"/> Fall whilst running / playing <input type="checkbox"/> Assault <input type="checkbox"/> Fire / Heat <input type="checkbox"/> Struck by Object <input type="checkbox"/> Other – Specify: _____	<p>Nature of injury</p> <input type="checkbox"/> No injury seen <input type="checkbox"/> Fracture <input type="checkbox"/> Sprain / Strain <input type="checkbox"/> Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Cut / Open wound / Bite <input type="checkbox"/> Head injury <input type="checkbox"/> Organ systems injury <input type="checkbox"/> Other – Specify: _____
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**For all burns, calculate body surface area.
The patient's hand (palm plus digits) represents approximately 1% of the body surface area**

SAFETY ASSESSMENT

Please consider the following **Features of Concern** and tick the relevant box/es if you have concerns **or are uncertain**.

History – Features of Concern

- | | |
|---|---|
| <input type="checkbox"/> Inadequate supervision | <input type="checkbox"/> Inconsistencies within the history |
| <input type="checkbox"/> Unreasonable delay in presentation | <input type="checkbox"/> Repeated injuries eg: more than one per year |
| <input type="checkbox"/> Injury unexplained or unwitnessed | <input type="checkbox"/> Inflicted injury |

Examination – Features of Concern

- Injury not consistent with the history

Bruises of Concern:

- Any unexplained bruise in a child who is not cruising
- Facial bruising not over a bony prominence
- Bruises of the ears
- Multiple bruises in different planes
- Bilateral black eyes

Burns of Concern:

- Burn with a clearly demarcated edge eg: forced immersion or contact with hot object
- Multiple burns
- Mirror image burns
- Burns of the buttocks or genital area

Fractures of Concern:

- Any fracture in a child not walking
- Multiple fractures
- Rib fractures
- Skull fracture (apart from a single linear parietal fracture)
- Fractures of humerus (other than supracondylar)
- Fractures of scapula / sternum or vertebra
- Corner or bucket handle (classic metaphyseal) fracture in infants
- Other** (eg: other injury types / evidence of neglect / unusual behaviour)

Please tick here if there are no Features of Concern

If you have ticked any of the Features of Concern boxes, discuss the case with the ED Doctor in Charge or the ED Consultant / Fellow. Document whom you spoke to and the advice given. Document any other concerns.

If there remain ongoing concerns about the mechanism of injury or supervision of the child, discuss the case with the On Call Child Protection Social Worker. Document whom you spoke to, the advice given and the follow-up arrangements.

MANAGEMENT

Remember:

- Analgesia
- Tetanus Immunisation
- Parent Information Sheet
eg: head injuries / plaster care

FOLLOW-UP

- Treated and discharged
- Admitted _____
- Emergency Department Follow-up
- Clinic Follow-up

Dressing clinic date: _____

Fracture Clinic date: _____

Other: _____

ATTENDING DOCTOR'S SIGNATURE:

PLEASE PRINT FULL NAME