Admission patterns and completeness of documentation of clinical features of head injuries in Accident and Emergency Unit of a Sri Lankan hospital for children

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Introduction
Accident and Emergency unit (AEU) of Lady Ridgeway Hospital for Children (LRH) provides outpatient care (OPD) and in-patient care (admissions).

Objective
To describe the pattern of admissions and completeness of documentation of clinical features of head injury cases admitted to AEU of LRH.

Methods
This was a clinical audit. Data on daily attendance at OPD and admissions from January 2003 - April 2009 were collected using bed head tickets, admission registers and monthly epidemiological reports at LRH. Pattern of admissions from 2003 to 2008 were described on a monthly and those from January to April 2009 on a daily basis. Completeness of documentation of clinical features of head injury was assessed using a check list developed for the purpose for 243 head injury cases admitted during March 2009.

Results
During 2003 to 2008, monthly attendance to OPD showed an increasing trend, while a reducing trend was observed in monthly admissions. During January to April 2009, median OPD attendance in morning (8am-2pm), evening (2pm-8 pm) and night (8pm-8am) shifts were 53(IQR:45,59), 35(IQR:32,40) and 15(IQR:12,17) respectively. Median admissions during these shifts was 9(IQR:7,11), 8(IQR:7,10) and 4(IQR:3,6) respectively. Number of medical officers listed for these shifts was 9, 7 and 2 respectively. Most admissions were for males (63.5%; n=445) and commonest age group was 2 to 3 years (26.2%, n=184). Proportion of head injury admissions for March 2009 was 34.7% (243/701). Date, time and signature were documented by, medical officers only in 30.9% (n =75), 10.3% (n=25) and11.1% (n=27) of BHTs. Documentation of presence/absence of selected symptoms on head injury included, nausea or vomiting (80.2%; n=195), unconsciousness (76.1%; n=185), headache (49.4%; n=120), fits (24.7%, n=60) and drowsiness (14.4%, n=35). Documentation of presence/absence of selected signs included site and side of injury in 41.6% (n = 101), diagram on site of injury in 8.6% (n=21), Glasgow Coma Scale (GCS) in 53.1% (n=123), clinical evidence of fracture in 63.8% (n=155) and ENT bleeding in 69.2% (n=178).

Conclusion
Trend shows a rise in OPD attendance with a decline in IPC admissions. Documentation of clinical features of head injuries needs improvement.