

Supporting information

Creating a local guide for the assessment and management of babies who are accidentally dropped in hospital

This document should be read alongside the Patient Safety Alert [Assessment and management of babies who are accidentally dropped in hospital](#).

It provides the key points for trusts to consider when producing or updating a local guide for the assessment and management of babies who are accidentally dropped in hospital. Trusts with multiple units caring for babies as inpatients are likely to need a tailored version for each setting: for example, maternity units on main hospital sites, neonatal units, standalone community midwifery units, paediatric wards.

Scope

This document supports trusts in producing a guide to how staff should respond after a baby is accidentally dropped by a parent, relative, visitor or healthcare professional, or slips from that person's hold or lap, regardless of the surface onto which the baby falls or if there are obvious signs of injury.

You must make it clear in your local guide that it is **not** for babies who are dropped at home, in public places or while visiting hospitals, as normal processes for accessing emergency care will be followed for these cases; **nor** for toddlers or older children who fall, as the risks of injury and clinical considerations in these groups will be very different.

You may however want to highlight aspects helpful to maternity units receiving babies who have had a precipitate delivery with potential for head injury outside hospital, if not producing separate local guidance for managing this.

Background

The National Institute for Health and Care Excellence's (NICE) clinical guideline '[Head injury – assessment and early management](#)' describes current best practice in the care of infants under one year who present with suspected or confirmed traumatic head injury with or without other major trauma.

This document does not provide clinical guidance; NICE guidance (including any updates to it) remains your key reference source for this. Instead it helps your trust produce a local guide(s) that complies with all the requirements (assessments, investigations and observation) of the NICE guideline and includes information on managing a baby who is dropped while being cared for in a hospital setting.

Your local guide should facilitate the correct action in the context of a rare and unusual event by helping your staff overcome practical challenges and signposting them to the key clinical guidance. For example, by providing advice for the situation where the NICE guideline indicates a baby needs an urgent CT scan; but the maternity department may be unsure how to request this and Radiology may be unsure how to handle a request that does not come from the emergency department.

You may also need to signpost to local policies covering incident reporting and investigation, including safeguarding considerations, that need to be followed.

1. Initial stabilisation and assessment

Stabilisation

Describe:

- The emergency response if the baby has altered consciousness or is unresponsive, cyanosed or not breathing. You may simply refer to existing local emergency response/resuscitation guidance.

Assessment

Describe:

- **How and where to move the baby for initial assessment**, eg to a resuscitaire or another safe surface. Although a parent will typically pick their baby up immediately after dropping them, your guide should detail how a baby can be safely moved, bearing in mind the potential for spinal as well as head injury.
- **The appropriate neonatal or paediatric medical role to inform**, how to contact them and the timescale for urgent review.
- **Initial midwifery/nursing observations**. The NICE guideline recommends using the paediatric modified Glasgow Coma Score (GCS) while acknowledging that

“observation of infants and young children (that is, under 5 years) is a difficult exercise and therefore should only be performed by units with staff experienced in the observation of infants and young children with head injury”. Your guide therefore needs to provide a practical steer to who is best placed to carry out these observations.

- **The steps the neonatal/paediatric medical role should take**, for example:
 - detail of medical and neurological examination required to check for injuries
 - recording of any injuries (including any marks ascribed to a newborn’s delivery, to differentiate them from any new or emerging injury)
 - review of vitamin K history/administration
 - appropriate analgesia as per local guidance.

Considering this assessment, describe the next steps and group them into:

- actions if any suspected injury or abnormal signs (see 2 and 3 below)
- ongoing observations and review if no apparent injury or abnormal signs (see 4 below).

2. Requirements for urgent (within one hour) CT scanning

The NICE guideline gives the criteria to guide decisions on the need for an infant to have an urgent CT scan following a suspected head injury. Your local guide needs to describe these and you may also wish to consider the following special considerations that may affect the criteria for CT scanning in babies:

- **Vomiting**, as a criteria for CT scanning, may need special mention in your local guide. It is relatively common, even for babies without a head injury, and babies accidentally dropped in paediatric units may be in hospital because of an illness causing vomiting.
- **Height of drop** – the National Reporting and Learning System (NRLS) analysis described in the alert could not give the exact height the baby was dropped from but confirms newborns have suffered skull fractures and intracranial bleeds after being dropped from relatively low heights (eg from laps, arms or beds) in inpatient units.

Established pathways may exist for arranging an urgent CT scan on a baby presenting to the emergency department, but these may be unfamiliar for inpatient units. Your local guide therefore needs to give clear practical advice on requesting and accessing a CT scan for a baby who is an inpatient and has a potential head injury.

3. Refer for specialist advice if the CT scan is abnormal or any other injuries need treatment

Any abnormality identified from a CT scan should be referred for specialist advice as per local protocols, including consideration of neurosurgical referral and ongoing management.

Local guides should concentrate on practical advice for seeking expert opinion/and where the baby should be cared for in the interim; rather than the details of potential treatment options.

4. Ongoing observation and review if there is no indication for CT scanning or scanning does not reveal any injury

If radiographic imaging is **not performed**, your local guide needs to state how long the baby should be observed post-fall before their discharge from hospital can be considered.

Describe the:

- **frequency and duration of ongoing regular observations**, as set out in the NICE guidelines to detect signs of any evolving brain injury
- **frequency of general examination and neurological assessment** by appropriate neonatal or paediatric clinician
- who should perform these observations and where
- the escalation pathway for abnormal observations, including contact route for the appropriate neonatal or paediatric team
- referral protocols including transfer arrangements if applicable for babies requiring a level of neonatal care not locally provided.

5. Discharge criteria and information given at discharge

Outline:

- criteria for being safe to send home (eg length of time observations should be normal)
- any final medical and neurological examination before discharge
- who is authorised to agree the baby can be safely discharged.

Set out the information that needs to be collated before a baby is discharged, including potential for later consequences from the fall:

- **Red book:** with body map completed for the parents, health visitor and GP records
- **discharge summary:** with clear documentation of the fall, investigations and findings

- **arrangements for follow-up:** if needed after discussion with the attending consultant
- **advice for parents** about signs to be aware of and any extra observation or checks they need to make. Consider developing a parent information leaflet based on advice given in your local EDs.

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