A-WPTAS is to be used within 24hrs of injury for patients with a suspected closed head injury and a GCS 13-15. Patients must be opening their eyes spontaneously and obeying commands to be suitable for A-WPTAS.

**Yellow Zone**

IF YOUR PATIENT HAS ANY YELLOW ZONE A-WPTAS CRITERIA * YOU MUST FOLLOW THE YELLOW ZONE RESPONSE INSTRUCTIONS ON THE NSW STANDARD OBSERVATION CHARTS

- A-WPTAS YELLOW ZONE Criteria
  - A drop of 1 point on the Glasgow Coma Scale or the patient is no longer obeying commands
  - Any new onset of limb weakness (a decrease of 1 or more points on the MRC scale for muscle strength)
  - Any persistent abnormal ailetiness, behaviour, cognition, vomiting or severe headache
  - Persistent post traumatic amnesia (A-WPTAS score of <18/18 at 4 hours post injury)

**Red Zone**

IF YOUR PATIENT HAS ANY RED ZONE A-WPTAS CRITERIA # YOU MUST CALL FOR A RAPID RESPONSE (AS PER LOCAL CERS) AND FOLLOW THE RED ZONE RESPONSE INSTRUCTIONS ON THE NSW STANDARD OBSERVATION CHARTS

- A-WPTAS RED ZONE Criteria
  - A drop of 2 or more points on the Glasgow Coma Scale
  - Glasgow Coma Scale ≤ 8
  - Changes in pupil size in association with pupil dilation and / or loss of light reaction
  - Seizure activity (including focal, generalised and absence seizures)

**Target set of pictures**
Guide to using the Abbreviated Westmead Post Traumatic Amnesia Scale (A-WPTAS)

A-WPTAS is to be used within 24hrs of injury for patients with a suspected closed head injury and a GCS 13-15.

Patients must be opening their eyes spontaneously and obeying commands to be suitable for A-WPTAS.

Glasgow Coma Scale

Eyes open: Speak in a clear, strong voice. The patient must open their eyes spontaneously (4) to be suitable for use of the A-WPTAS.

Verbal response (orientation questions): A thorough orientation assessment is the core of the A-WPTAS. Must answer all questions correctly to be classified as orientated (5). Obtain the patient’s attention and ask the following questions:

Question 1: What is your name?
• The patient must provide their full name.

Question 2: What is the name of this place?
• The patient has to be able to give the name of the hospital. No points scored for just “hospital.”

Question 3: Why are you here?
• The patient must know why they were admitted to hospital i.e. injured in a car accident. If they do not know, give them options including the correct reason.

Question 4: What month are we in?
• If they respond “the 6th month,” ask the patient “what is the 6th month?” If they do not know the month, give them 3 consecutive options including the correct month.

Question 5: What year are we in?
• It is considered correct for patients to answer in the short form “08” instead of “2008”. It is also acceptable to offer a prompt i.e. “the year is 2000 and what?”

• Inform the patient of any incorrect answers and advise what the correct answers are.

Best Motor Response: Give simple command e.g. “wiggle your fingers.” The patient must obey commands (6) to be suitable for use of the A-WPTAS.

Picture recognition

First assessment: Show the patient the target set of 3 pictures (page 1) for about 10 seconds and ensure that they can repeat the names of each picture (cup, keys, bird). Tell the patient to remember the pictures for re-testing in one hour.

Subsequent assessments: Document the GCS then ask the patient - “What were the three pictures that I showed you earlier?”

Picture recognition scoring:
• Assign a score of 1 for each picture that is recalled correctly. If the total A-WPTAS score is 18/18, cease testing.
• If the patient is unable to recall all 3 pictures correctly, show them the set of 9 pictures (page 4) and ask them if they can recognise the 3 target pictures. Assign a score of 1 for each target picture that is recognised correctly. If the total A-WPTAS score is 18/18, cease testing.
• If the patient is not able to correctly recognise all 3 target pictures, show them the target pictures (page 1) again and ensure that they can repeat the name of each picture. Re-test the patient in 1 hour.

Total A-WPTAS scoring

Add the total GCS score (A) with the total picture recognition score (B) to give the total A-WPTAS score out of 18.

Continue the test hourly until the patient scores 18/18 (max 4hrs, clinical judgement required). See admission and discharge criteria below.

Once the total A-WPTAS score is 18/18, the patient is considered to be out of PTA and the A-WPTAS testing is ceased.

Discharge and admission criteria

Discharge
• Patients with an A-WPTAS score of 18/18 can be considered for discharge. Both the GCS and A-WPTAS should be used in conjunction with clinical judgement.
• Once considered for discharge, refer the patient to their GP if the patient scored <18/18 at any time.
• Provide thorough discharge advice and ensure the patient and/or carer understands the information provided on the Mild Head Injury Patient Advice Sheet.

Have you given the patient and/or carer:

VERBAL DISCHARGE ADVICE [Yes] [No]

MILD HEAD INJURY DISCHARGE LETTER [Yes] [No]

MILD HEAD INJURY PATIENT ADVICE SHEET [Yes] [No]

Admission

• Patients with a persistent A-WPTAS score of <18/18 at 4hrs post time of injury should be considered for admission. Clinical judgement and consideration of pre-existing conditions should be used where the picture recall component of A-WPTAS is abnormal but the GCS is normal (15/15).

• If admitted, consider repeating the A-WPTAS assessment at 24hrs post time of injury or commencing the use of a standard PTA assessment tool. If the patient continues to have an A-WPTAS score of <18/18, consult with the local brain injury rehabilitation service.

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