

# Head Injury in Patients on Anticoagulants

Quick-reference for community pharmacists · Aligned with NICE NG232

## ■ CALL 999: Serious Head Injury Features

- Loss of consciousness at any point, however brief
- Seizure following head injury
- New neurological symptom: weakness, difficulty speaking, or visual disturbance
- Worsening headache with vomiting after head injury
- Confusion, agitation, or deteriorating conscious level
- Amnesia for events before or after the injury

Call 999 for any of the above, regardless of anticoagulant status. Deterioration can be rapid; do not wait for symptoms to progress.

## ■ A&E; TODAY: All Head Injuries on Anticoagulants

- Any head injury in a patient taking warfarin, apixaban, rivaroxaban, edoxaban, dabigatran, or heparin
- Send to A&E; even if the patient feels completely well and the injury appears minor
- NICE NG232: CT (computed tomography) head imaging within 8 hours for all anticoagulated patients
- Do not advise observation at home; send directly to Accident and Emergency
- Paracetamol for pain relief; avoid aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) due to additional bleeding risk

Intracranial haemorrhage can be initially silent. A patient who feels fine may deteriorate hours later.

## ✓ SELF-CARE: Minor Injury, No Anticoagulants, No Red Flags

- No anticoagulant therapy
- No loss of consciousness, no amnesia, no vomiting, no neurological symptoms
- Low-force mechanism (e.g. walked into a door frame)
- Responsible adult present to observe for 24 hours
- Paracetamol for pain; avoid aspirin and NSAIDs in the acute phase

Safety-net: seek urgent help if headache worsens, vomiting occurs, drowsiness develops, behaviour changes, or any neurological symptoms appear within 24 hours.

Feature	More likely minor	Red flag ■
<b>Consciousness</b>	Fully alert throughout; no blackout	Any loss of consciousness, however brief
<b>Headache</b>	Mild, short-lived, no change from baseline	Persistent or worsening headache
<b>Vomiting</b>	None	Any vomiting after head injury
<b>Neurological symptoms</b>	None	Confusion, weakness, speech or visual change
<b>Amnesia</b>	None	Memory loss before or after the injury
<b>Mechanism</b>	Low-force; no significant impact	Fall from height, collision, or assault
<b>Anticoagulants</b>	Not prescribed	On warfarin, apixaban, rivaroxaban, or similar

**Key reminders:** Any head injury on an anticoagulant requires A&E; assessment, even if the patient feels well: intracranial haemorrhage can be initially silent. NICE NG232: CT (computed tomography) head imaging within 8 hours for all anticoagulated patients; do not advise home observation. Paracetamol is appropriate for pain relief; aspirin and NSAIDs increase bleeding risk and should be avoided after head injury.