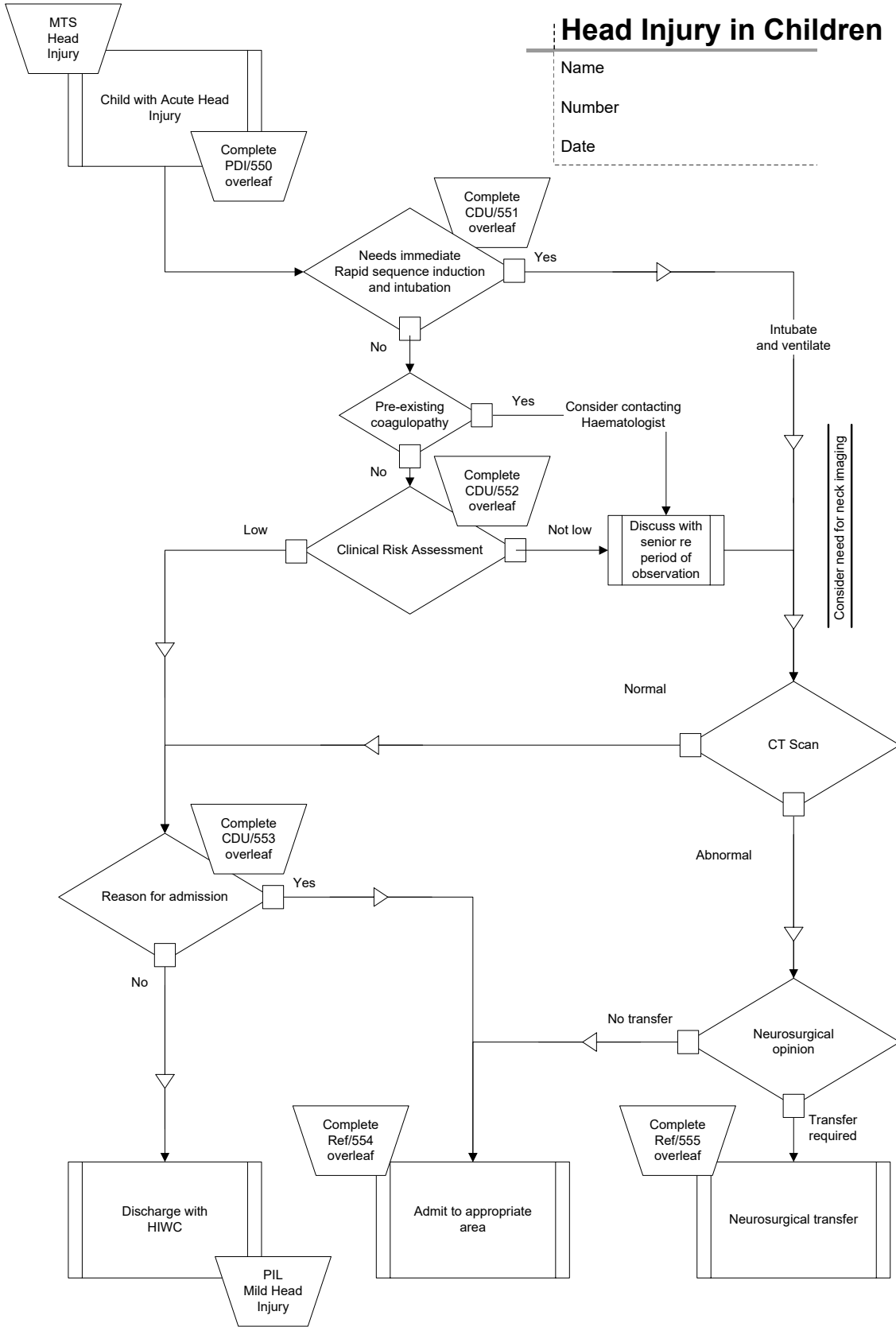


Head Injury in Children

Name _____
 Number _____
 Date _____



Produced By:	Kaz Potier	Protocol number	2009-55v 2.3
Authorised By:	Consultants Emergency Department	Date of issue	18/06/2009
Approved By:	Lead Clinician Children's Emergency Medicine	Date of review	17/06/2012

PDI/550: SUITABILITY FOR PROTOCOL DRIVEN INVESTIGATION

Child with history of recent head trauma	Yes	No
Order: T, P, BP, R, GCS, SaO ₂ , Glucose, Weight		

CDU/551: NEED FOR RSI (ANY YES)

Airway at risk	Yes	No
Agitated / combative	Yes	No
GCS < 8	Yes	No

CDU/552: CLINICAL RISK OF HEAD INJURY (ANY YES)

Witnessed loss of consciousness of more than 5 minutes	Yes	No
Amnesia (antero or retro) of more than 5 minutes	Yes	No
Abnormal drowsiness	Yes	No
3 or more discrete vomiting episodes	Yes	No
Fit in a patient without known epilepsy	Yes	No
Suspicion of non-accidental injury	Yes	No
GCS 13 or less (14 or less if under 1 year of age)	Yes	No
Tense fontanelle/ suspicion of penetrating or depressed skull fracture	Yes	No
Signs of basal skull fracture ¹	Yes	No
Focal neurological signs	Yes	No
Bruise, swelling or laceration of more than 5 cm if under 1 year of age	Yes	No
High speed RTA (> 40 mph) whether pedestrian or car occupant	Yes	No
Fall from a height of 3 metres or more	Yes	No
High speed injury from a projectile or object	Yes	No

¹ Haemotympanum, panda eyes, CSF otorrhoea, Battle's sign

Not Low if any YES

CDU/553: NEED FOR ADMISSION (ANY YES)

Intubated and ventilated	Yes	No
CT delayed, uncooperative patient	Yes	No
Persistent symptoms despite normal scan (eg irritability)	Yes	No
Decreased conscious level	Yes	No
Alcohol intoxication	Yes	No
Suspected non-accidental injury	Yes	No
CSF leak	Yes	No
Possible meningism	Yes	No
No competent supervision at home	Yes	No
Other injuries requiring admission	Yes	No
Other reason for admission including mechanism	Yes	No

Ref/554: Suitable for Admission	
Ref/555: Neurosurgical transfer agreed	

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