Management Guidelines for Minor Head Trauma (TBI) 0-2 years old

Does the child have:

1. Bulging Fontanel
2. Concussion Signs
3. GCS ≤ 14
4. Basilar Skull Fracture*
5. Prolonged LOC
6. High blood pressure with bradycardia
7. Persistent vomiting
8. Suspicion of Abuse
9. Fault neurological signs
10. A bleeding diathesis or ITP
11. Incomparability/restlessness
12. Clinical suspicion of TBI
13. Palpable skull fracture
14. Major mechanism
15. Seizures
16. VP shunt

* A major mechanism includes:
1. Falling from a motorized vehicle
2. MVC with occupant death/pt ejection/roll over
3. Falling from a height of more than 3 feet
4. Unwitnessed head injury with major mechanism
5. Suspected abuse or if history is inconsistent

CT with Positive Findings
Admit to Pediatric Trauma
Discuss Disposition with consultants

CT with Negative Findings
Refer to the Moderate & Severe TBI protocol for patients to be admitted to the PICU

Release from the ED with return instructions
Observe in the ED

Yes

No major mechanism of injury***
Well appearing

Signs of a Basilar skull Fracture include:
1. Raccoon eyes
2. Post ear hematoma
3. Blood or CSF in ear

ATLS Guidelines
1. Head CT W/O contrast or MRI
2. Consider Neurorsurgical consult/ Pediatric Trauma consult
3. Rigid cervical collar as needed

No major mechanism
of injury

Well appearing

* Signs of a Basilar skull fracture include:
1. Raccoon eyes
2. Post ear hematoma
3. Blood or CSF in ear

Release from the ED with return instructions
CT with Positive findings
Admit to Pediatric Trauma
Discuss Disposition with consultants

CT with Negative Findings
Refer to the Moderate & Severe TBI protocol for patients to be admitted to the PICU

If suspicion of child abuse follow NAT order set and guidelines

Yes

NO