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

Does the child have?
1. Bulging Fontanel
2. Concerning 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. Focal neurological signs
10. A bleeding disorder or ITP
11. Inconsolability/restlessness
12. Clinical suspicion of TBI
13. Palpable skull fracture
14. Major mechanism
15. Seizure
16. VP shunt

□ No major mechanism of injury**
□ Well appearing

- Observing in the ED
- Tolerates PO
- Remains well

Release from the ED with return instructions

Refer to the Moderate & Severe TBI protocol for patients to be admitted to the PICU

Positive Imaging
Admit to Pediatric Trauma

Negative Imaging
Discuss Disposition with consultants

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

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

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

If suspicion of child abuse, follow NAT order set and guidelines