Head Injury Management
Clinical Effectiveness Guideline

**NOTE: If NAT is suspected please defer to the Child Abuse Guideline for workup and management**

Patient is < 2 years of age

- GCS ≤ 14 or other signs of altered mental status* or palpable skull fracture; seizure > 5 minutes
  - Yes → CT RECOMMENDED
  - No → Observation vs CT on the basis of other clinical factors:
    - Tolerating PO in ED & neurologically intact
      - Yes → Discharge Home
      - No → CT NOT RECOMMENDED
  - No → Admit (Trauma service) or transfer to CHP

Patient is 2 years of age or older

- GCS ≤ 14 or other signs of altered mental status* or signs of basilar skull fracture; seizure > 5 minutes
  - Yes → CT RECOMMENDED
  - No → History of LOC, or history of vomiting, or severe mechanism of injury** or severe headache
    - Yes → Admit (Trauma service) or transfer to CHP
    - No → Observation vs CT on the basis of other clinical factors:
      - Tolerating PO in ED & neurologically intact
        - Yes → Discharge Home
        - No → CT NOT RECOMMENDED

*Other s/s of altered mental status: agitation, somnolence, repetitive questioning, or slow response to verbal communication
**Severe mechanism of injury: MVC with patient ejection, death of another passenger, or rollover; ATV crash, pedestrian or bicyclist (Unhelmeted) vs. MV; fall from >5 ft


#408.01
A Clinical Effectiveness Guideline (CEG) is an evidence-based, suggested collaborative care plan that is intended to promote coordination and communication with respect to patient care, and may be modified to meet individual care needs.

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