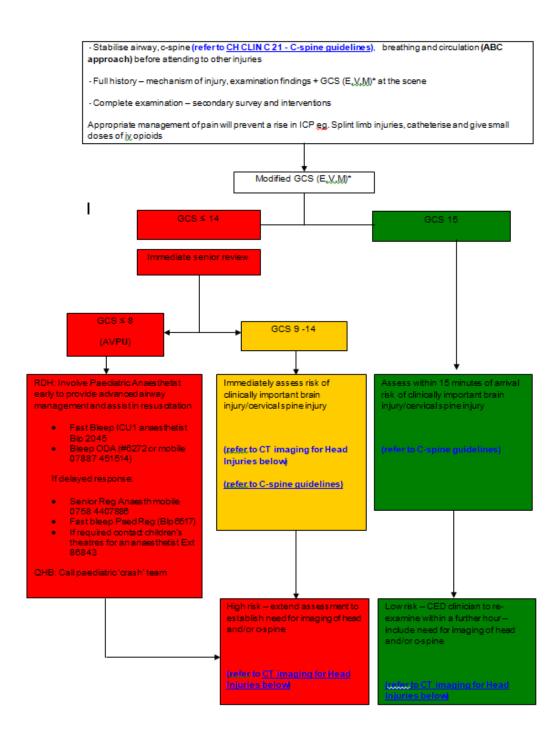


Review Date: May 2024

## Head Injury in Children- Summary Paediatric Clinical Guideline – Joint Derby & Burton

Reference No: CH CLIN C20/ May 21/v005



## CT Imaging for Head Injury Guidelines (under 16) Are any 1 of the following risk factors More than 1 of the following risk present? factors present? Clinical suspicion of non-accidental injury Witnessed loss of consciousness lasting > 5 Post-traumatic seizure but no history of minutes Amnesia (antegrade or retrograde) lasting > Age > 1 year: GCS < 14 on assessment in ED 5 minutes Age < 1 year: GCS (paediatric) < 15 on Abnormal drowsiness assessment in ED 3 or more discrete episodes of vomiting GCS < 15 at 2 hours post injury Dangerous mechanism of injury (high speed road traffic accident either as a pedestrian, Suspicion of open or depressed skull injury or cyclist or vehicle occupant, fall from > 3m, tense fontanelle high-speed injury from a projectile or an Any sign of basal skull fracture (haemotympanum, 'panda' eyes, CSF object) On anticoagulant therapy\* – see below leakage from ears or nose, Battle's sign) Focal neurological deficit Age < 1 year: presence of bruise, swelling or Seek senior advice: laceration > 5cm on the head RDH: CED or ED Consultant or ED registrar Seek senior advice: RDH: CED or ED Consultant (Bleep 2020) or ED registrar (Bleep 2020) QHB: ED consultant QHB: ED consultant provide advanced airway management and assist in resuscitation (see above contact details) Urgent ED/CED Middle Grade or Consultant review Urgent ED Middle Grade or Consultant review Consider CT head if within 4 hours of head injury: 1. GCS < 15 Further vomiting 3. A further episode of abnormal

drowsiness