

ACUTE MANAGEMENT OF HEAD INJURY IN CHILDREN WITHIN THE FIRST 24 HOURS

This PCP relates to NSW Health PD	<i>NSW PD 2005 _391: Children and Infants who have a Head injury – Acute Management</i>
PCP number	<i>NSW PD 2005 _391:PCP 3 Acute management of head injuries in children within the first 24 hours</i>
Sites where PCP applies	Manning Hospital-Emergency Department (ED)
Target audience	Clinicians in ED where children present with head injury
Description	Provides evidence based practice guidelines for the treatment of infants and children with head injury within the first 24 hours
Subject	Acute management of head injury in children and infants
Keywords	Acute management head injury children infants
Replaces existing PCP	No
Document number and/or name of superseded document/s	
Related Legislation (including OHS legislation), Australian Standards, NSW Health Policy or Circular, other HNEH Documents, Professional Guidelines, Codes of Practice or Ethics:	
NSW Health Paediatric Clinical Practice Guidelines	
Portfolio Executive Director responsible for Policy and PCP	Nigel Lyons
Policy Contact Person	Sandra Babekuhl, Policy Officer - Guidelines, Standards and Protocols (Paediatrics) NCHN, Ph: 0400 328696 <i>Alternate Contact:</i> Rhonda Winskill, CNC Paediatrics NCHN/HNE Health, Ph: 49392354
Contact Details	Children, Young People and Families Clinical Network, phone 02 4939 2469
Summary	
<ul style="list-style-type: none"> • This PCP is a guideline in the assessment of the severity and management of head injury • It promotes evidence based practice in the use of the modified Paediatric Glasgow Coma Scale. • This PCP provides guidelines on appropriate transfer/retrieval based on clinical assessment and response to treatment or discharge planning • PCP includes fact sheet for parent information. 	
Distribution:	General Manager, DON, Paediatrician, NUM ED, ED Physician, Director of Medical Services CYP&FCN Stream Leaders
Date PCP authorised:	May 2007
PCP authorised by:	Professor Trish Davidson - Clinical Leader CYP&FCN
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TRIM Number:	Pending

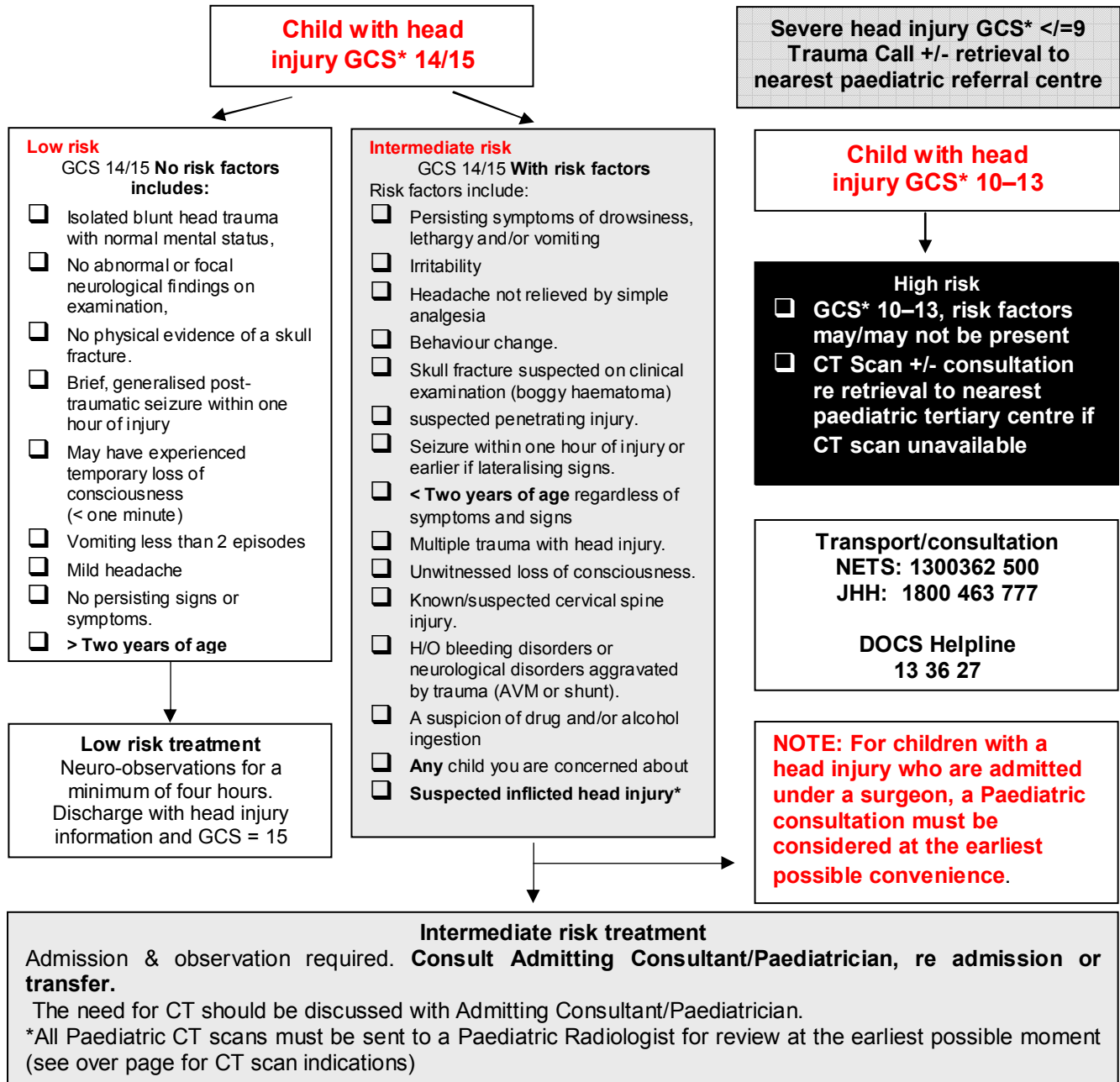
Surname _____ Sex _____
 Given Names _____
 DOB _____ MRN _____
AFFIX PT LABEL HERE

ASSESSMENT

Apply a semi-rigid collar to protect the cervical spine if the mechanism of injury warrants or if the mechanism of injury is unclear.

Paediatric Coma Scale: Score each category according to table over page. Total score out of 15 = _____

NOTE: Any tick in a higher category assign to that category.



Triage Nurse:	RISK SCORE	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Intermediate Risk	<input type="checkbox"/> High Risk/Severe	Signed: _____
Doctor:	RISK SCORE	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Intermediate Risk	<input type="checkbox"/> High Risk/Severe	Signed: _____

***If inflicted head injury is suspected then there should be communication with the paediatric referral centre to discuss the indicators of the case. If it is agreed that it is a suspected case of inflicted head injury then transfer to the paediatric referral centre should occur. DoCS should immediately be notified of the suspicion and the transfer.**

PAEDIATRIC COMA SCALE – Score each category according to age as below. Total score out of 15							
		1	2	3	4	5	6
Eye Opening	All ages	None	To pain	To speech	Spontaneously		
Best Verbal	0 – 23 months	None	Grunts, agitated, restless	Persistent cries, irritable	Cries but is consolable	Smiles and coos, fixes and follows	
	> 23 months	None	Incomprehensible sounds	Inappropriate words	Confused	Orientated (aware in hospital)	
Best Motor	< 1 year	None	Extension	Flexion – abnormal	Flexion - withdrawal	Localise pain	Spontaneous movement
	> 1 year	None	Extension	Flexion - Abnormal	Flexion - withdrawal	Localise pain	Obeys

Adapted from Royal Children's Hospital, Melbourne. Head Injury Clinical Practice Guideline, Paediatric Modified GCS, 2006.

INDICATIONS FOR CAT SCAN

All with GCS \leq 13
 ALL with GCS not returning to 15 within 2 hours
 Suspected Skull #
 Penetrating injury
 High risk mechanism/bleeding disorder

Age (yrs)	BP (systolic)	HR (/min)	RR (/min)
<1	70-90	110-160	30-40
1 – 2	80-95	100-150	25-35
2 – 5	80-100	95-140	25-30
5 – 12	90-110	80-120	20-25
>12	100-120	60-100	15-20

Observations:

- Monitor pulse, respirations, BP, Spo2 and GCS at least 30 minutely.