

<p>Policy Compliance Procedure</p>



ACUTE MANAGEMENT OF HEAD INJURIES 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 2 Acute management of head injuries in children within the first 24 hours</i>

Sites where PCP applies	Hunter New England (HNE) Northern Rural Emergency Departments (ED)
Target audience	Clinicians in ED where children may present with head injuries
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
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
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Summary

This PCP

- is a clinical pathway for the used in the assessment of the severity and management of head injury,
- promotes evidence based practice in the use of the modified Paediatric Glasgow Coma Scale,
- provides guidelines on appropriate disposition, transfer/retrieval based on clinical assessment and response to treatment or discharge planning,
- PCP includes relevant fact sheet for parent information.

Distribution:	GENERAL MANAGER, DON, PAEDIATRICIAN, NUM ED, ED PHYSICIAN, DIRECTOR OF MEDICAL SERVICES, CHILDREN YOUNG PEOPLE & FAMILY CLINICAL NETWORK STREAM LEADERS
Date PCP authorised:	April 2007
PCP authorised by:	Trish Davidson, Area Director, Kaleidoscope
Date of Issue:	May 2007
PCP Review Due Date:	April 2009
TRIM Number:	08/207-8-1

Hunter New England Area Health Service
ACUTE MANAGEMENT OF HEAD INJURY
 Northern – Rural Hospital

Name:

D.O.B

MRN

CS 15 MINOR	GCS 14/15 LOW RISK	GCS 14/15 with risk factors INTERMEDIATE RISK	GCS 10-13 <u>HIGH RISK</u>	GCS 9 or less <u>SEVERE</u>
Can include children with scalp bruise or abrasions	Rapid return of normal cerebral function	Persistent drowsiness, lethargy, irritability, headache or behaviour change	Resuscitate, Transfer to higher level care facility for CT Brain	Resuscitate Trauma Call CT Brain/Transfer NETS HOTLINE 1300 362 500
No LOC	LOC 1 minute or less	Suspected skull fracture (boggy heamatoma) or Penetrating injury LOC > 1 minute	PAEDIATRIC GLASCOW COMA SCALE Eye opening E Nil 1 To pain 2 To voice 3 Spontaneous 4 _____ Verbal response V Nil 1 Groans 2 Some words, inappropriate/mumbled 3 Confused but recognisable speech 4 Appropriate conversation 5 _____ Movement/motor response M Flaccid paralysis 1 Extensor/decerebrate response to pain 2 Flexor/decorticate response to pain 3 Withdraws to pain 4 Localises pain 5 Obeys commands 6 Total = E + V + M = 3 to 15 SCORE _____	
Vomiting once or less	Vomiting more than once	Seizure > 1 hour post injury		
Normal Neuro exam	Mild headache or lethargy	Localising signs		
No evidence of skull fracture	Seizure < 1 hour post injury	< 2 years old regardless of signs & symptoms		
INDICATIONS FOR CT SCAN All with GCS ≤ 13 ALL with GCS not returning to 15 within 2 hours Suspected Skull # Penetrating Injury High risk mechanism/bleeding disorder		Multi-trauma with head injury, unwitnessed LOC, suspected C/S injury, bleeding diathesis, underlying neurological disorder		

Triage nurse: RISK SCORE Minor Low Risk Intermediate Risk Signed: _____

Doctor: RISK SCORE Minor Low Risk Intermediate Risk Signed: _____

MANAGEMENT

MINOR	LOW RISK	INTERMEDIATE RISK	AVPU SCORE																								
<ul style="list-style-type: none"> Can be discharged home head injury information/ Parent Fact Sheet Follow up instructions 	<ul style="list-style-type: none"> Minimum 4 hours Neuro Obs If stable discharge, IF NOT Transfer to higher level care facility Head Injury Information/ Parent Fact Sheet 	<ul style="list-style-type: none"> Transfer to higher level care facility and Admit for observation CT Brain 	Alert Responds to Voice only Responds to Pain only Unresponsive SCORE _____ <table border="1"> <thead> <tr> <th>Age (yrs)</th> <th>BP (systolic)</th> <th>HR (/min)</th> <th>RR (/min)</th> </tr> </thead> <tbody> <tr> <td><1</td> <td>70-90</td> <td>110-160</td> <td>30-40</td> </tr> <tr> <td>1 – 2</td> <td>80-95</td> <td>100-150</td> <td>25-35</td> </tr> <tr> <td>2 – 5</td> <td>80-100</td> <td>95-140</td> <td>25-30</td> </tr> <tr> <td>5 - 12</td> <td>90-110</td> <td>80-120</td> <td>20-25</td> </tr> <tr> <td>> 12</td> <td>100-120</td> <td>60-100</td> <td>15-20</td> </tr> </tbody> </table>	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
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