

Hasbro Children's Hospital Pediatric Trauma Program Guidelines for Pediatric Head Trauma Patient Admissions

Purpose: To guarantee optimal care of children with head trauma once the decision to admit has been made.

- 1) The admission of severe pediatric head trauma patients is restricted to either the Pediatric Surgery or Pediatric Neurosurgery service. Related specialties will be CONSULTED.
- 2) It is understood that multisystem trauma patients will be admitted to Pediatric Surgery, and other services will be consulted. It is furthermore understood that patients with severe head injury that warrants admission to the PICU will have a pediatric intensivist (PICU attending) as co-managing attending.
- 3) For admissions to the general pediatric service, consider obtaining a pediatric neurosurgery consult.

A) Criteria for admission to the neurosurgical service – isolated head injury by mechanism:

- I. Radiological finding of intracranial (parenchymal, subdural, subarachnoidal) bleeding/hematoma.
- II. Radiological findings of depressed skull fracture, with or without symptoms
- III. Clinical finding of persistent N/V, alteration of consciousness and mental status **in association** with radiological finding of *any* skull fracture.
- IV. Loss of consciousness with ongoing significant symptoms, regardless of cranial or intracranial abnormalities.

B) Criteria for pediatric surgery admission:

- I. Any of the above criteria *and* multisystem trauma mechanism or multiple injuries.

C) Patient may be admitted to the general pediatric service in case of:

- I. Non-displaced skull fracture without intracranial abnormalities in an asymptomatic patient. A routine consult to neurosurgery should be made to arrange follow-up.
- II. Persistent nausea/vomiting without radiological evidence of skull fracture or intracranial injuries and without lateralizing neurological findings.
- III. Resolution of acute head trauma pathology – patient may be transferred to the general pediatric service if prolonged, subacute hospital care is anticipated.
- IV. Minor injuries in an asymptomatic patient requiring admission for suspicion of neglect or abuse.

See next page for additional information

**Hasbro Children's Hospital Pediatric Trauma Program
Guidelines for Pediatric Head Trauma Patient Admissions**

D) Criteria for patients admitted with a Traumatic Intracranial Hemorrhage

- I. All trauma intracranial hemorrhage injuries should go to PICU.
- II. If the head bleed is questionable or extremely small and there are no available beds, there can be Attending to Attending conversation to de-escalate care, when limited PICU bed availability occurs. The patient should be admitted to floor with q4 hour neuro checks especially if the injury is >24 hours old and the patient is doing well.

Other remark:

If the above criteria (A.-D.) are not met, the head injury is not acute and/or hospital admission is not deemed clinically necessary, the patient may be discharged home at the discretion of the Pediatric Emergency Medicine attending.