Head Injury Admission and Transfer Protocols for Children

Assessment:
Full history and examination as per ATLS / APLS guidelines
Imaging - see Network Guideline for Trauma Imaging – Head and Neck Trauma

Referral:
Patient presenting to Trauma Unit or Local Emergency Hospital
ED to ED

Transfer to MTC ED when:

- New clinically significant abnormalities on imaging
- Not fully recovered following imaging, regardless of imaging results
- CT scan not done as unavailable or patient uncooperative
- Continuing worrying signs (e.g. persistent vomiting, severe headache).
- Other sources of concern (for example drug or alcohol intoxication, other injuries, shock, suspected non-accidental injury, meningism or CSF leak.

Patient presenting to MTC:
All children with significant head injury to be discussed with on-call registrar for neurosurgery.

Admission to neurosurgery at RVI if:

- Head injury requiring surgical intervention for example evacuation of mass lesion, ventricular drainage, decompressive craniectomy, elevation of depressed skull fracture, ICP monitoring or PICU support
- At the request of ED and TU staff if there are concerns or need for escalation of therapy.

Discharge:
Patients may be discharged after a normal CT scan as long as:

- GCS 15
- Parents /carers have appropriate advice sheet
- There is suitable care and supervision at home
- No ongoing safeguarding concerns

Follow up:
(Nice Guideline 176)
GP follow up within 1 week for all those requiring CT scan

Documentation including mechanism of injury, history, examination and investigations sent to GP and family, copied to community paediatrics, school nurse / health visitor.

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Date: May 2017
Review: May 2019