

Key Points

Urgent assessment and imaging

Prompt pain relief

Prevent secondary injury

Prevent hypoxia

Repeated evaluation of neurological status

Use standardised evaluation tools and documentation

Guideline:

- History and detailed examination.
- Provide prompt and effective pain relief.
- Give supplemental oxygen. Consider intubation to maintain oxygenation
- Maintain blood pressure
- Recognise complications such as intracranial haemorrhage, cerebral oedema and treat promptly.
- Transfer to specialist unit as per protocol

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Criteria for diagnosis of 'significant head injury'

- Persisting coma (GCS \leq 8) after initial resuscitation
- Unexplained confusion for more than 4 hours
- Deterioration in GCS
- Progressive neurological signs
- Seizure without full recovery
- Definite or suspected penetrating injury
- CSF leak
- Imaging criteria: traumatic mass lesion, intracranial haemorrhage, skull fracture

Injured children with GCS less than 13 may have moderate or severe head injury and should be managed as per Major Trauma Guidelines in conjunction with current NICE Head Injury Guidelines.

See Appendix 2 and 3 for detailed head injury management protocols

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VERSION NUMBER/DATE	1.0 / June 2017
REVIEW DATE	01/06/2019
RELATED INFORMATION	