



Mild Head Injury



Patient Label

DIAGNOSIS: Mild Head Injury		TARGET LOS: 1.5 days	WT: _____ kg	HT: _____ cm
ADMIT TO TRAUMA SERVICE		Attending Physician _____		
PRIMARY CARE PROVIDER (specify):		Family Message Phone Number:		
ALLERGIES:				
Patients to include on pathway	1. ANY of the following conditions: a. Isolated non-penetrating head injury b. Closed skull fracture c. Minimally depressed skull fracture d. Subarachnoid hemorrhage e. Suspicion of non-accidental trauma (in the presence of mild CHI)		2. AND ALL of the following: a. Glasgow Coma Scale of 13, 14 or 15 b. Hemodynamically stable c. Requires observation (cannot be discharged home) d. No history of bleeding disorder or previous intracranial surgery e. No deterioration of neurological status f. No expectation of surgery or admission to the PICU	
Remove the patient from pathway if the following occurs:	1. Transfer to a higher level of care			
PHASE OF CARE	Phase I: Emergency Room / Admission		SUPPLEMENTAL ORDERS AND CARE	
INTERVENTION CATEGORIES	START DATE/TIME		BY:	
ASSESSMENT & MONITORING	<ul style="list-style-type: none"> • Routine VS, pain assessment • Accurate I & O every shift • Hourly neuro checks times 4; if stable, then neuro checks every 2 hrs times 4; if stable, then neuro checks every 4 hrs until discharge • Notify physician immediately for any deterioration in coma scale score or neurological status • Hold PO for evidence of diet intolerance such as nausea and vomiting unresponsive to ordered anti-emetic (important signs in head injured patients) and notify the physician • Notify physician if pain is unrelieved by ordered analgesics • Assess for developmental delays, regressed behavior, cultural or religious diversity, knowledge deficits and language barriers • If cervical collar in place, maintain precautions until MD orders removal following clinical and radiographic clearance • Refer to: Trauma Policy # 4.7012.014 Cervical Spine Precautions and Imaging Policy #2.3792 Spine, Cervical 			
ACTIVITY / ENVIRONMENTAL	<ul style="list-style-type: none"> • As tolerated • Keep head of bed elevated 15 to 30 degrees 			
CONSULTS	<input type="checkbox"/> Child Advocacy, Ext. 36022 <input type="checkbox"/> Other (specify) _____			
DIAGNOSIS / IMAGING	<input type="checkbox"/> Lateral view of the cervical spine <input type="checkbox"/> Complete C-spine series, if neck pain present <ul style="list-style-type: none"> • Orders for Flexion and Extension C-Spine views require direct neurosurgeon supervision and positioning <input type="checkbox"/> CT of Head without contrast (for deterioration of neurological status; physician orders repeat scan) <input type="checkbox"/> Skull Films			
LABORATORY	<input type="checkbox"/> CBC <input type="checkbox"/> Basic Metabolic Panel <input type="checkbox"/> PT, PTT, INR			
NUTRITION / IV THERAPY	<ul style="list-style-type: none"> • Diet: Begin with clear liquid diet, then advance to regular diet as tolerated <input type="checkbox"/> Peripheral IV: LR at maintenance rate for weight <input type="checkbox"/> No IV or IV fluids; Notify Physician if patient is not taking PO or vomiting • Saline lock IV if PO intake adequate • IV site care & armboard change every T - Th - Sa • IV bag/tubing change every 96 hours (noc) _____ 			

Mild Head Injuries

What Is A Head Injury?

When a child falls, is hit, shaken, or subjected to great force, a head injury can happen. Injury or harm can be done to the skull, brain, or blood vessels. Some head injuries are very minor while others can be very serious.

How Do I Know If My Child Has A Head Injury?

Call your child's doctor. He or she will ask you about the fall and about your child. The following are some warning signs that may mean your child has a head injury and may need to see your doctor.

- Passing out or fainting at any time after the fall/injury
- Vomiting (throwing up)
- Acting differently than normal
- Trouble walking or keeping their balance, dizziness
- Blood or fluid that comes from the nose or ears
- Trouble waking
- Change in skin color such as loss of normal color to the face
- Complaining of a lot of pain or headache
- Seizure (Shaking, jerking movements of the body)



Also call your child's doctor if your child is less than two years of age, or if you think someone has intended to hurt your child.

How Are Head Injuries Treated?

It depends on how bad the injury is. Sometimes tests such as CT scans and X-rays are taken. X-rays show whether or not there is damage to the bones of the head (skull). A CT scan will show pictures of the inside of the skull, including the brain and blood vessels.

Sometimes a specialty doctor that works with head injuries will be asked to see your child also. Some head injuries need you to watch your child closely, while other injuries may need surgery.

After Your Child Has Been Sent Home From The Hospital You Should Watch For:

- Sleepiness or being hard to wake up. (Your doctor may want you to wake up your child every few hours for the first day after the injury.)
- Confusion - your child doesn't know who he is, where he is, does not recognize familiar people or objects.
- Restlessness, agitation, nervousness.
- Feeling sick to their stomach or vomiting.



- A difference in the size of the pupils (black circle in the middle of the eye.)
- Weakness of the arms or legs, especially if it is only on one side of the body. (Usually, your child should be able to move around and play as normal for them).
- Seizures (shaking, jerking movements of the body.)
- Fluid draining from the ears or nose.
- Complaints of neck pain
- Fever greater than 101.5 °F.

If you notice your child has any of the above, please call your child's doctor or return to the emergency department.

DO NOT give your child any medications before checking with your physician.

How Can I Keep My Child From Getting A Head Injury?

Most injuries can be avoided. Suggestions are listed below to help you keep your child safe.

- Insist that your child always wear a proper-fitting helmet when bike riding, rollerblading, skateboarding, horseback riding, football, etc.
- Do not allow them to jump on the bed, couch or other furniture. Keep them from playing on bunk beds.
- Buckle up your children in the right child car passenger safety device when in automobiles.
- Watch your children carefully when they are riding in grocery carts. Do not allow older children to hang on the end of cart. This can tip the cart over.
- Older children often don't know the strength and weight of young children and can easily drop them. Rethink letting your older children pick up your younger children or babies.
- **NEVER** shake a baby or child.

When Should I Call My Doctor?

Occasionally a child will have delayed signs and symptoms of a head injury. Parents may not immediately realize that they can be related to a head injury. Be on the lookout for the following:

- Sleep irregularities - tiredness
- Personality changes, depression, weakness, more sleepy than normal
- Inability to perform normal daily activities

If any of the above symptoms occur, be patient with your child, comfort and reassure them. Report any of these symptoms to your child's doctor.

Is There Anything Else I Should Know About My Child's Head Injury?

- **Regressive behavior**, such as going back to old behaviors that were stopped. "Wetting accidents" in a previously toilet-trained child. Thumb sucking in a child who had stopped. Call your doctor if any regressive **behavior continues or is worsening**.
- **After a head injury, a child should not return to physical activity until cleared by the doctor.** If the child plays contact sports, they should not resume play for a period of one week to one month, or longer, depending on the particular injury. Again, check with your doctor.

