

**Clinical Pathway for the Management of Minor Head Injury
In the Emergency Department
Children <2 years of Age**

Clinical Presentation of Minor head Injury

- History of acute impact to the head
- GCS 14-15
- No focal neurologic deficits

Note 1: Exclusion Criteria

- Multiple trauma
- Penetrating trauma
- Known or suspected cervical spine injury
- Pre-Existing neurological disorder
- Intracranial shunt
- Bleeding diatheses
- Suspected inflicted head trauma (NAI)
- Intoxication

Note 2: High Risk

- Signs of depressed or basal skull fracture
- Seizure
- Irritability or lethargy
- Bulging fontanel
- Vomiting ≥ 5 times or > 6 hours
- Loss of consciousness ≥ 1 minute

Note 3: Intermediate Risk

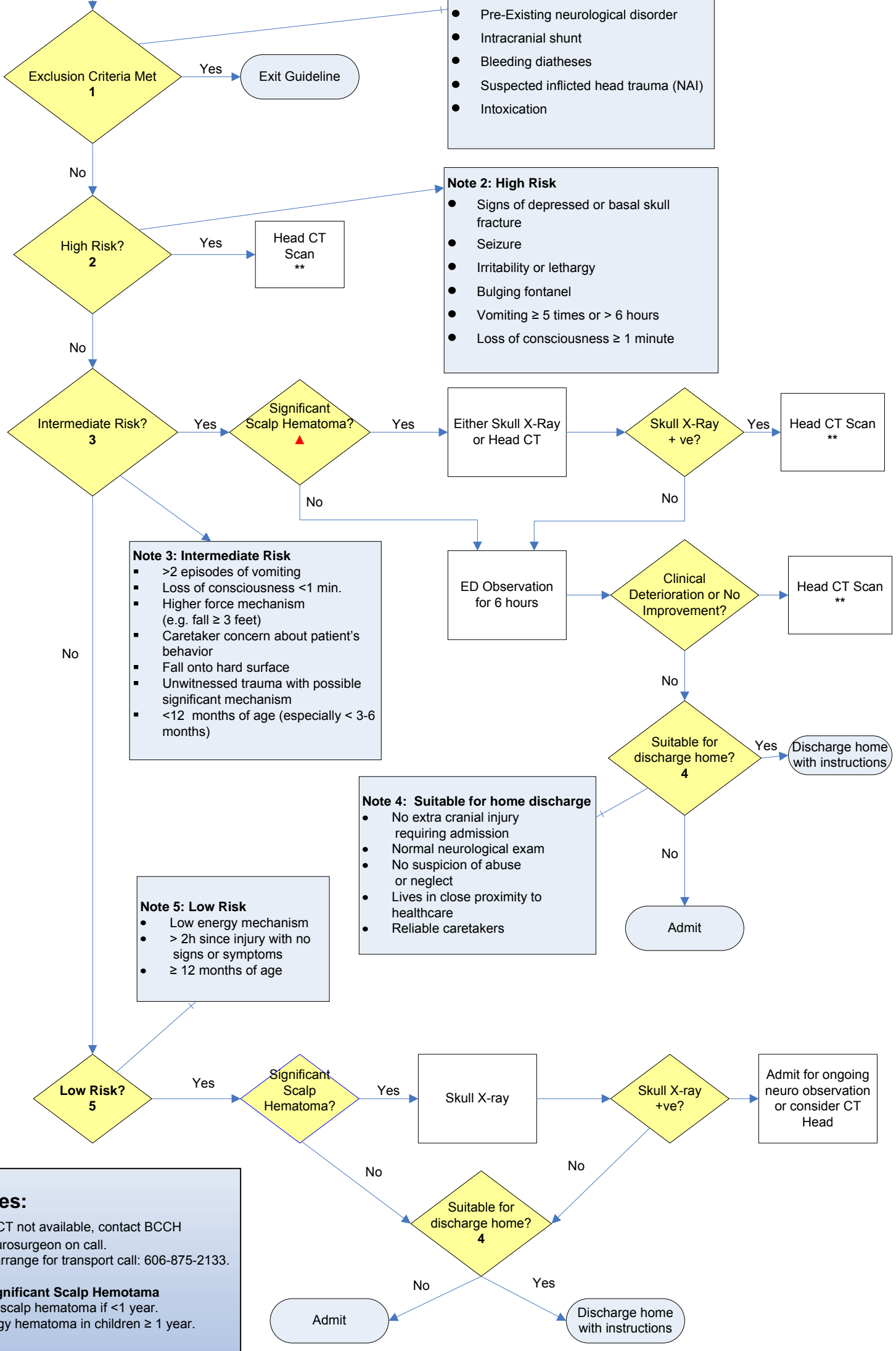
- >2 episodes of vomiting
- Loss of consciousness <1 min.
- Higher force mechanism (e.g. fall ≥ 3 feet)
- Caretaker concern about patient's behavior
- Fall onto hard surface
- Unwitnessed trauma with possible significant mechanism
- <12 months of age (especially $< 3-6$ months)

Note 4: Suitable for home discharge

- No extra cranial injury requiring admission
- Normal neurological exam
- No suspicion of abuse or neglect
- Lives in close proximity to healthcare
- Reliable caretakers

Note 5: Low Risk

- Low energy mechanism
- $> 2h$ since injury with no signs or symptoms
- ≥ 12 months of age



Notes:

** If CT not available, contact BCCH neurosurgeon on call.
* To arrange for transport call: 606-875-2133.

▲ **Significant Scalp Hematoma**
- Any scalp hematoma if <1 year.
- Boggy hematoma in children ≥ 1 year.