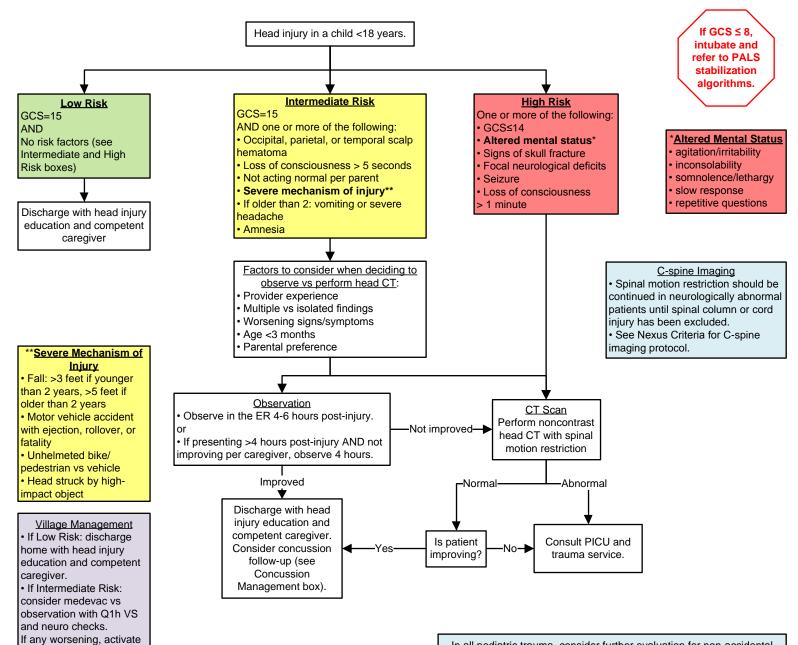


## **Clinical Guideline**

## **Head Injury in Patients < 18 Years Old**



In all pediatric trauma, consider further evaluation for non-accidental trauma (skeletal survey, dilated eye exam, etc.)

## Concussion Management Complete Acute Concussion Evaluation at every visit. Follow-up in outpatient clinic in 1-2 weeks. Consider balance testing. Avoid medications that can worsen somnolence. If symptoms persist >3-4 weeks, consider referral to neurologist, psychologist, physical therapy, etc. Return to school per CDC Heads Up Protocol. Return to play per ASAA Guidelines.

medevac.

medevac.

If not improving over 4 hours, activate medevac.

• If High Risk: activate

Plain films of the skull are not recommended.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by MSEC 5/8/19.

If comments about this guideline, please contact Leslie\_Herrmann@ykhc.org.

Pediatric Glasgow Coma Scale (GCS)			
Eye opening	Infant Spontaneous To speech To pain No response	Child Spontaneous To speech To pain No response	4 3 2 1
Best verbal response	Coos, babbles Irritable cry Cries to pain Moans to pain No response	Orientated, appropriate Confused Inappropriate words Incomprehensible sounds No response	5 4 3 2 1
Best motor response	Moves spontaneously Withdraws to touch Withdraws to pain Flexion to pain Extension to pain No response	Obeys commands Localizes painful stimulus Withdraws to pain Flexion to pain Extension to pain No response	6 5 4 3 2 1