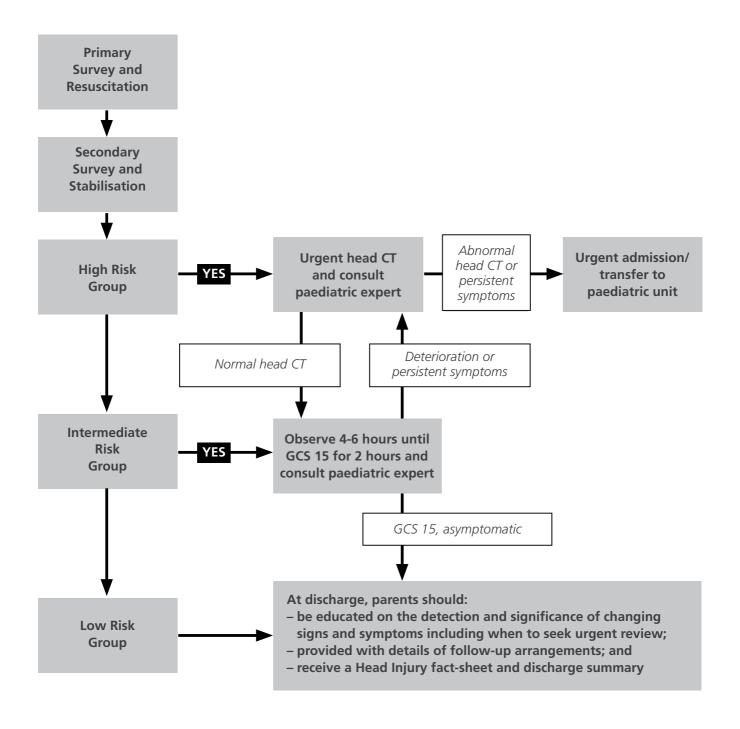
Overview: Management of head injury in children



For definitions of High / Intermediate / Low risk groups see following table.

Table 1: Risk groups in head injury

	LOW RISK (All features)	(Any feature / not low or high risk)	HIGH RISK (CHALICE Criteria) (Any feature)
HISTORY			
Witnessed loss of consciousness	nil	<5 minutes	>5 minutes
Anterograde or retrograde amnesia	nil	possible	>5 minutes
Behaviour	normal	mild agitation or altered behaviour	abnormal drowsiness
Episodes of vomiting without other cause	nil or 1	2 or persistent nausea	3 or more
Seizure in non-epileptic patient	nil	impact only	yes
Non accidental injury (NAI) suspected	no	no	yes
Headache	nil	persistent	persistent
Co-morbidities	nil	present	present
Age	>1yr	<1yr	Any
MECHANISM			
Motor Vehicle Accident (MVA) (pedestrian, cyclist or occupant)	low speed	<60kmph	>60kmph
Fall	<1m	1-3m	>3m
Force	low impact	moderate impact or unclear mechanism	high speed projectile or object
EXAMINATION			
Glasgow Coma Scale (GCS)	15	fluctuating 14 - 15	<14 or <15 if under 1 yr old
Focal neurological abnormality	nil	nil	present
Injury			*high risk features eg scalp haematoma in <1yr of age (see below)
* High risk injury: a)penetrating injury, or suspected depressed skull fracture or base of skull fracture b)scalp bruise, swelling or laceration>5cm, or tense fontanelle in infants <1yr of age			
PLACEMENT			
Observation Area	Anywhere in ED	Acute area in ED	Acute or resuscitation bay
OBSERVATIONS	ı		
 Respiratory rate, oxygen saturations Pulse, blood pressure Temperature GCS, pupillary response & size, limb strength 	Hourly observations until discharge	Half-hourly observations for 4 to 6 hours until GCS 15 sustained for 2 hours, then hourly observations until discharge. Revert to half hourly observations /	 Continuous cardio- respiratory and oxygen saturation monitoring BP and GCS every 15 to 30 minutes
Pain assessmentSedation score as necessary		continuous monitoring if signs of deterioration occur.	