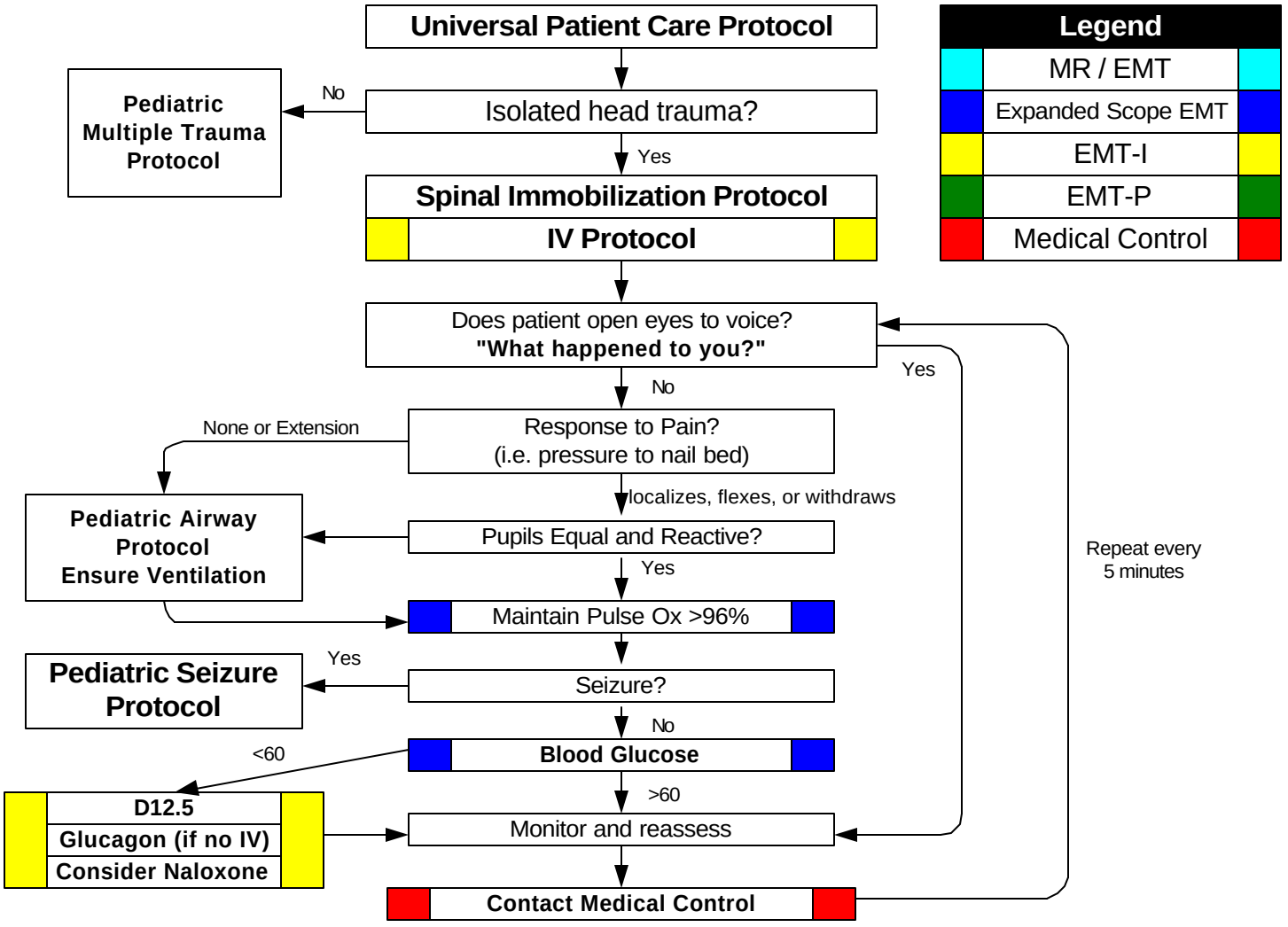
FORSYTH COUNTY EMS
Pediatric and OB Protocols

Pediatric Head Trauma

History:	Signs and Symptoms:	Differential:
* Time of injury * Mechanism (blunt vs penetrating) * Loss of consciousness * Bleeding * Past medical history * Medications * Evidence for multi-trauma	* Pain, swelling, bleeding * Altered mental status * Unconscious * Respiratory distress / failure * Vomiting * Major traumatic mechanism of injury * Seizure	*** Skull fracture** *** Brain injury (Concussion, Contusion, Hemorrhage or Laceration)** *** Epidural hematoma** *** Subdural hematoma** *** Subarachnoid hemorrhage** *** Spinal injury** *** Abuse**



Pearls:

*** Exam: Mental Status, HEENT, Heart, Lungs, Abdomen, Extremities, Back, Neuro**

* If GCS <12 rapid transport indicated and if GCS <8 intubation should be anticipated.

* **Hyperventilate the patient only if evidence of herniation (blown pupil, decorticate posturing, bradycardia).**

* If hyperventilation is needed (maintain ETCO2 of approx. 30 mm/hg).

* Increased intracranial pressure may cause hypertension and bradycardia (Cushings Response).

* Hypotension usually indicates injury or shock unrelated to the head injury.

* The most important item to monitor and document is a change in the level of consciousness.

* Concussions are periods of confusion or LOC associated with trauma which may have resolved by the time EMS arrives. Any prolonged confusion or mental status abnormality which does not return to normal within 15 minutes or any documented loss of consciousness should be evaluated by a physician ASAP.

Approved by: _____

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