Emergency Department: Acute Mild Traumatic Head Injury (GCS ≥ 13)

**CLINICAL PRACTICE GUIDELINE**

1. **Increased risk for ciTBI**
   - Evidence of Skull Fracture
   - Abnormal Neurological exam

2. **Significant Clinical Findings**
   - Altered Mental Status such as Agitation, Persistent/Deep Somnolence or Repetitive Questioning
   - Persistent Slow Response to Verbal Communication
   - Occipital, Parietal or Temporal hematoma
   - Severe Headache
   - Multiple Emesis
   - Severe mechanism of injury:
     - Motor Vehicle Crash with Ejection
     - Death of another passenger
     - Rollover
     - Pedestrian or bicyclist w/o helmet struck by motor vehicle
     - Fall > 5 feet if > 2 years; > 3 feet if < 2 years.
     - Head struck by high-impact object

3. **Additional Risk Factors**
   - Multiple symptoms
   - Loss of consciousness
   - Worsening signs or symptoms
   - Younger infant
   - Delayed onset seizure
   - Persistent GCS of 13 or 14
   - Close observation and frequent reassessment are recommended up to 4 hrs.
   - If worsening obtain CT
   - If there is a high speed mechanism with the isolated head injury; admit to Neurosurgery

4. **ED Observation**
   - Close observation and frequent reassessment are recommended up to 4 hrs.
   - If worsening obtain CT
   - If there is a high speed mechanism with the isolated head injury; admit to Neurosurgery

5. **Discharge Criteria**
   - Pain & Emesis controlled
   - Caretakers understand Discharge Care Instructions
   - Caretakers able to return to ED if symptoms worsen

6. **Discharge Home**
   - Discharge using current Concussion teaching sheet which includes:
     - PCP follow-up information
     - Detailed Activity Restrictions
     - Return to School
     - Return to Play
   - Provide Contact # for Concussion Program Nurse 404-785-KIDS (5437), select option 3, and ask for concussion nurse.

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Discharge Home

Admit for Supportive Care

Consider CT if clinically indicated

Discharge Criteria Met

Neurosurgery consult and admit to Neurosurgery

Radiographic (CT) evidence of ciTBI?

ED Observation up to 4 hrs

CT

Reassess

Increased risk for ciTBI

Significant Clinical Findings

Additional Risk Factors

Neurologically Normal Patient may be Discharged Home if Discharge Criteria is Met

Patient with History of Acute Mild Traumatic Head Injury (GCS 13, 14, or 15)

GCS 13

GCS 14 or 15

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

Increased risk for ciTBI

Significant Clinical Findings

Additional Risk Factors

Neurologically Normal Patient may be Discharged Home if Discharge Criteria is Met

Discharge Home

GCS 13

ED Observation

CT

Reassess

Radiographic (CT) evidence of ciTBI?

Discharge Criteria Met

Neurosurgery consult and admit to Neurosurgery

Admit for Supportive Care

Consider CT if clinically indicated

Discharge Home

GCS
Glascow Coma Scale
LOC
Loss of Consciousness
PCP
Primary Care Physician

**ciTBI** clinically important Traumatic Brain Injury

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Developed through the efforts of Children’s Healthcare of Atlanta and physicians on Children’s medical staff in the interest of advancing pediatric healthcare. This guideline is a general guideline and does not represent a professional care standard governing providers’ obligation to patients. Ultimately the patient’s physician must determine the most appropriate care.