# HEAD INJURY GUIDELINE DIVISION OF NEUROSURGERY: QEII HEALTH SCIENCES CENTRE, IWK HEALTH CENTRE

## PERFORM ABCs OF RESUSCITATION

## What is patient's Glasgow Coma Scale (GCS)? \*

## GCS 13-15 **MINOR HEAD INJURY**

#### CT urgently needed if **all 3** of the following:

1. History of blunt head trauma within the last 24h

TRAUMA NOVA SCOTIA

- 2. History of loss of consciouseness, amnesia or disorientation
- 3. One or more of the following:
  - GCS < 15 at 2h after injury
  - · Suspected open or depressed skull fracture
  - · Sign of basal skull fracture (hemotympanum, "raccoon eyes", cerebrospinal fluid oto/rhinorrhea, Battle's sign)
  - Vomiting x 2 or more times
  - Age > 65 years

## Minor Head Injury

#### Management

#### **Abnormal CT**

- Call Air Medical **Critical Care** Transport and Trauma Hotline at 1-800-743-1334
- no CT indicated Observe until well and discharge home • Follow up with primary care physician

Normal CT or

If GCS deteriorating, or evidence of penetrating head injury, treat as per "Major Head Injury"

## GCS 3-12 MAJOR HEAD INJURY

**Intubate** (*c*-spine in neutral position) for GCS  $\leq$  8 or deteriorating GCS; oxygen by mask for all others

Spine immobilization (c-spine collar and back board)

#### 2 minute neurological assessment: • GCS

- pupil size and reaction to light biceps and knee jerk reflexes
- Babinski responses

 Gross motor function (equal movement in all 4 limbs?)

#### Call Air Medical Critical Care **Transport and Trauma Hotline** at 1-800-743-1334

## PREPARATION FOR **TRANSPORT AS PER PROVINCIAL TRAUMA GUIDELINES**

#### PEDIATRIC HEAD INJURY (Age < 16 years)

GCS 3-12 (Major Head Injury) Treat as per adult guideline

#### GCS 13-15 (Minor Head Injury)

AGE 2-15 years:

GCS 13 or 14: CT Head GCS 15: History of LOC or PTA: <u>CT Head</u> or observe

overnight

No LOC or PTA: CT Head if one or more of the following:

- Change in GCS
- Focal neurological deficit
- Intoxication
- Clinical evidence of skull fracture
- History of coagulopathy

AGE < 2 years: (Consider child abuse as cause)

Symptomatic and/or neurologically abnormal: CT Head

Asymptomatic and normal neural exam: No further imaging studies except if <1 year and scalp hematoma, then do skull x-rays

• If x-rays normal: No further investigations • If fracture: CT Head and contact neurosurgery

Symptomatic: LOC, vomiting, drowsy, irritable LOC: Loss of consciousness PTA: Post traumatic amnesia CT: Computerized tomography

# \* Calculate Glasgow Coma Scale (E + V + M; Range 3-15)

GCS for age $\geq$ 5 years				GCS for age < 5 years		
	EYE OPENING	VERBAL RESPONSE	BEST MOTOR RESPONSE	BEST MOTOR RESPONSE	VERBALIZATION	EYE OPENING
BEST G C S WORST	<ol> <li>Spontaneously</li> <li>To voice</li> <li>To pain</li> <li>Not at all</li> </ol>	<ol> <li>Converses, oriented</li> <li>Converses, disoriented/confused</li> <li>Inappropriate words</li> <li>Incomprehensible sounds</li> <li>No verbalization</li> </ol>	<ol> <li>6. ObeysFollows motor commands</li> <li>5. LocalizesClearly pushes painful stimuli away</li> <li>4. Normal flexionOnly withdraws arm or (withdrawal) leg to painful stimuli</li> <li>3. Abnormal flexionFlexion of arms with (decorticate posturing) extension of legs to painful stimuli</li> <li>2. Abnormal extensionExtension of all (decerebrate posturing) extremities to painful stimuli</li> <li>1. FlaccidNo response to painful stimuli</li> </ol>	<ol> <li>6. Spontaneous</li> <li>5. Localizes</li> <li>4. Normal flexion</li> <li>3. Abnormal flexion</li> <li>2. Abnormal extension</li> <li>1. Flaccid</li> </ol>	<ol> <li>5. Appropriate for age         <ul> <li>fixes and follows</li> <li>social smile</li> </ul> </li> <li>4. Cries, but consolable</li> <li>3. Persistently irritable</li> <li>2. Relentless, lethargic</li> <li>1. None</li> </ol>	<ol> <li>Spontaneously</li> <li>To voice</li> <li>To pain</li> <li>Not at all</li> </ol>
	E = 1-4	V = 1-5	M = 1-6	M = 1-6	V = 1-5	E = 1-4