

head injuries, specifically with shaken baby syndrome.

Nursing Alert

Observation of asymmetric pupils or one dilated, nonreactive pupil in a comatose child is a neurologic emergency.

Less urgent but important assessments include examination of the scalp for lacerations, widely separated sutures, and the size and tension of fontanel, which indicate intracranial hemorrhage or rapidly developing cerebral edema. A significant amount of blood loss can occur from scalp lacerations. An underlying skull fracture should be ruled out by CT scan.

Nursing Alert

Bleeding from the nose or ears needs further evaluation, and a watery discharge from the nose (rhinorrhea) that is positive for glucose (as tested with reagent strips [e.g., Dextrostix]) suggests leaking of CSF from a skull fracture.

An accurate assessment of clinical signs provides baseline information. Serial evaluations, preferably by a single observer, help detect changes in the neurologic status. Alterations in mental status, evidenced by increased difficulty in rousing the child, mounting agitation, development of focal neurologic signs, or marked changes in vital signs, usually indicate extension or progression of the basic pathologic process.

Special Tests

After a thorough clinical examination, a variety of diagnostic tests are helpful in providing a more definitive diagnosis of the type and extent of the trauma. The severity of a head injury may not be apparent on clinical examination of a child but is detectable on a CT scan. Whenever the child has a history consistent with a serious head injury (unrestrained occupant in a severe motor vehicle accident or a fall from a significant height), it is important to perform a diagnostic scan even if the child initially appears alert and oriented. All children with head injuries who have any alteration of consciousness, headache, vomiting, skull fracture,