should be performed by a single observer to better detect subtle changes that may indicate worsening neurologic status. Pupils are checked for size, equality, reaction to light, and accommodation. After the initial changes seen after injury, the vital signs generally return to normal unless there is brainstem involvement.

The most important nursing observation is assessment of the child's LOC. Alterations in consciousness appear earlier in the progression of an injury than alterations of vital signs or focal neurologic signs. Frequent examinations of alertness are fatiguing to the child; therefore, the child often desires to fall asleep, which may be confused with depressed consciousness. It is common to observe ocular divergence through the partially closed eyelids. A key nursing role is to provide sedation and analgesia for the child. The conflict between the need to promote the child's comfort and relieve anxiety versus the need to assess for neurologic changes presents a dilemma. Both goals can be achieved with close observation of the child's LOC and response to analgesics (using a pain assessment record), and effective communication with the practitioner. Decreasing restlessness after administration of an analgesic most likely reflects pain control rather than a decreasing LOC.

Observations of position and movement provide additional information. Note any abnormal posturing, as well as whether it occurs continuously or intermittently. Questions nurses might consider include:

- Are the child's hand grips strong and equal in strength?
- Are there any signs of flexion or extension posturing?
- What is the child's response to stimulation?
- Is movement purposeful, random, or absent?
- Are movement and sensation equal on both sides or restricted to one side only?

The child may complain of headache or other discomfort. A child who is too young to describe a headache may be fussy and resist being handled. A child who has vertigo will often vigorously resist being moved from a position of comfort. Forcible movement causes the child to vomit and display spontaneous nystagmus. Seizures are relatively common in children at the time of head trauma and may be of any type. Carefully observe, record, and report in detail any