

emotional disturbances ([Anderson, Le Brocque, Iselin, et al, 2012](#)).

Quality Patient Outcomes: Acute Head Injury

- Early recognition of signs and symptoms of increased intracranial pressure (ICP)
- Adequate ventilation, oxygenation, and circulation maintained
- Cerebral oxygen requirements minimized
- Sedation and analgesia provided while allowing for neurologic assessment

Nursing Care Management

The hospitalized child requires careful neurologic assessment and evaluation that are repeated at frequent intervals to establish a correct diagnosis, identify signs and symptoms of increased ICP, determine clinical management, and prevent many complications. The goals of nursing management of the child with a head injury are to maintain adequate ventilation, oxygenation, and circulation; to monitor and treat increased ICP; to minimize cerebral oxygen requirements; and to support the child and family during the recovery phases.

The child is placed on bed rest, usually with the head of the bed elevated slightly and the head in midline position. Appropriate safety measures (such as side rails kept up and seizure precautions) are implemented. Children may be restless and irritable, but often their reaction is to fall asleep when left undisturbed. A quiet environment helps reduce restlessness and irritability. For extremely restless children, hard surfaces may need to be padded and restraint used to prevent the possibility of further injury. Care is individualized according to the child's specific needs. Bright lights are irritating and make checking the ocular responses more difficult.

Frequent examinations of vital signs, neurologic signs, and LOC are extremely important nursing observations. When possible, they