Section: Pediatric Trauma
Subject: PEDI HEAD INJURY
Section #: 344.09
Issue Date: March 21, 2011
Revision Date: December 1, 2017
Approved By: Michael Lozano, Jr., M.D., HCFR Medical Director

1. Basic ALS treatment

2. Evaluate for Pediatric Trauma Alert criteria

3. Refer to HCFR SPINAL MOTION RESTRICTION protocol and apply as indicated, note, all patients <18 years of age will receive FULL SMR when indicated, C-collar only is not indicated for pediatric patients.

4. Elevate the head of the long spine board approximately 30° if GCS is less than 13

5. Be prepared for aggressive airway management in patients with:
    a. Inability to protect the airway
    b. Unable to maintain O_2 saturation greater than or equal to 94%
    a. Rapidly decreasing Glasgow Coma Scale

6. If the patient is intubated:
    a. Do Not hyperventilate unless the patient has signs of elevated intracranial pressure

7. QA points:
    a. The two factors that are most associated with poor outcome after head injury are hypoxia and hypotension. Make sure that you take every precaution to avoid those two situations in head injury patients.
    b. Cushing's reflex, Cushing's response, and Cushing's triad all refer to the same thing; bradycardia, respiratory depression, and hypertension as a sign of elevated intracranial pressure. Invariably, this will include an alteration in the level of consciousness.