Clinical Presentation of Minor head Injury
- History of acute impact to the head
- GCS 14-15
- No focal neurologic deficits

Exclusion Criteria Met
No

High Risk?
Yes
Head CT Scan **
No

Intermediate Risk?
Yes
Significant Scalp Hematoma?
No

Low Risk?
Yes
Significant Scalp Hematoma?
No

Note 1: Exclusion Criteria
- Multiple trauma
- Penetrating trauma
- Known or suspected cervical spine injury
- Pre-Existing neurological disorder
- Intracranial shunt
- Bleeding diatheses
- Suspected inflicted head trauma (NAI)
- Intoxication

Note 2: High Risk
- Signs of depressed or basal skull fracture
- Seizure
- Irritability or lethargy
- Bulging fontanel
- Vomiting ≥ 5 times or > 6 hours
- Loss of consciousness ≥ 1 minute

Note 3: Intermediate Risk
- >2 episodes of vomiting
- Loss of consciousness <1 min.
- Higher force mechanism (e.g. fall ≥ 3 feet)
- Caretaker concern about patient’s behavior
- Fall onto hard surface
- Unwitnessed trauma with possible significant mechanism
- <12 months of age (especially < 3-6 months)

Note 4: Suitable for home discharge
- No extra cranial injury requiring admission
- Normal neurological exam
- No suspicion of abuse or neglect
- Lives in close proximity to healthcare
- Reliable caretakers

Note 5: Low Risk
- Low energy mechanism
- >2h since injury with no signs or symptoms
- ≥ 12 months of age

Notes:
** If CT not available, contact BCCH neurosurgeon on call.
* To arrange for transport call: 606-875-2133.
▲ Significant Scalp Hematoma
- Any scalp hematoma if <1 year.
- Boggy hematoma in children ≥ 1 year.