**Head Injury Flowchart**

**Mild Head Injury**
- AVPU = A
- GCS = 14-15
- No LOC
- Disorientation
- ≤ 1 vomit
- Normal neurology
- No physical evidence of skull fracture

**Moderate Head Injury**
- AVPU = AV
- Brief LOC
- Drowsy
- ≥ 2 vomits
- Normal neurology
- Brief seizure after head injury
- Large scalp bruise or laceration
- Amnesia of event

**Severe Head Injury**
- AVPU = PU
- LOC ≥ 5 mins
- Seizures
- Focal neurological deficit
- Penetrating head injury
- Signs of raised intracranial pressure

**Skull X-Rays**
- Rarely required but should be considered in < 1 year olds who have a boggy or depressed area

**Intracranial Pressure**
- 3mL/kg IV of 3% saline slow push OR
- 20% Mannitol 0.5-1g/kg (2.5-5mL/kg) IV over 20 minutes
- Insert urinary catheter
- Plus
- Head position should be kept midline and the bed elevated to 30° degrees

**Anti Seizure Prophylaxis**
- Phenytoin 20mg/kg over 20 minutes
- Seizures are common with severe traumatic brain injury. Particularly in the first 24 hours.

Ondansetron should not be given to children with head injury without ED Consultant approval.