

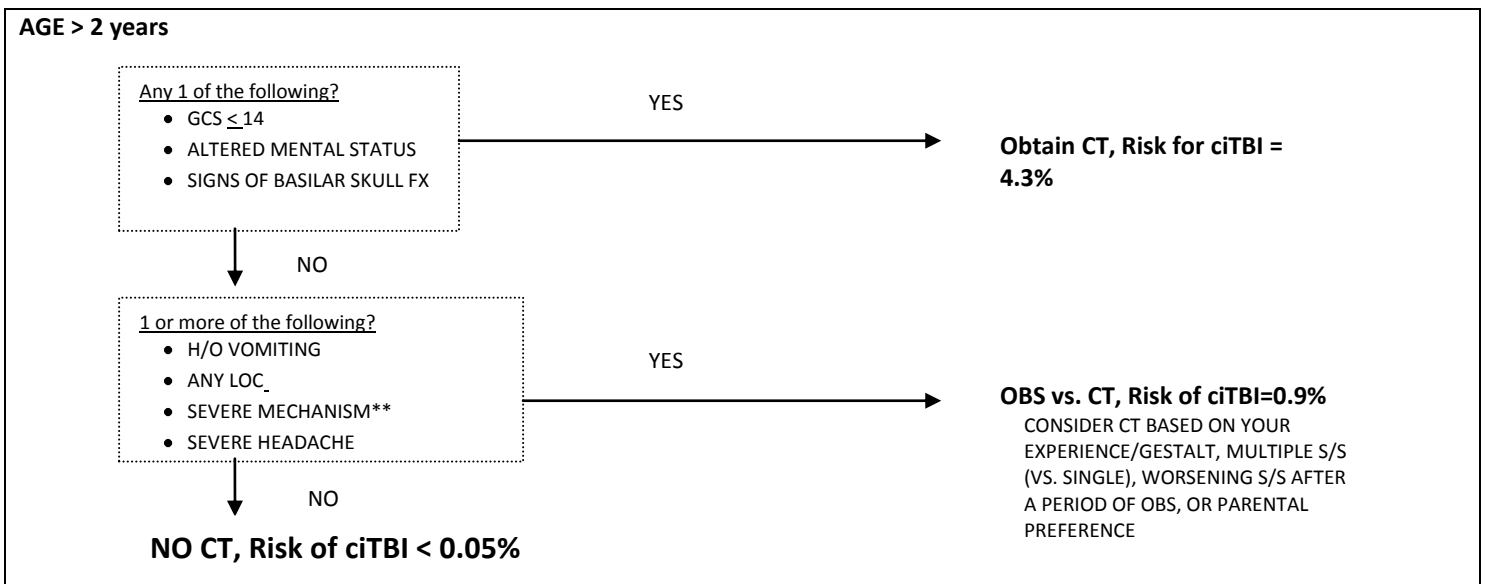
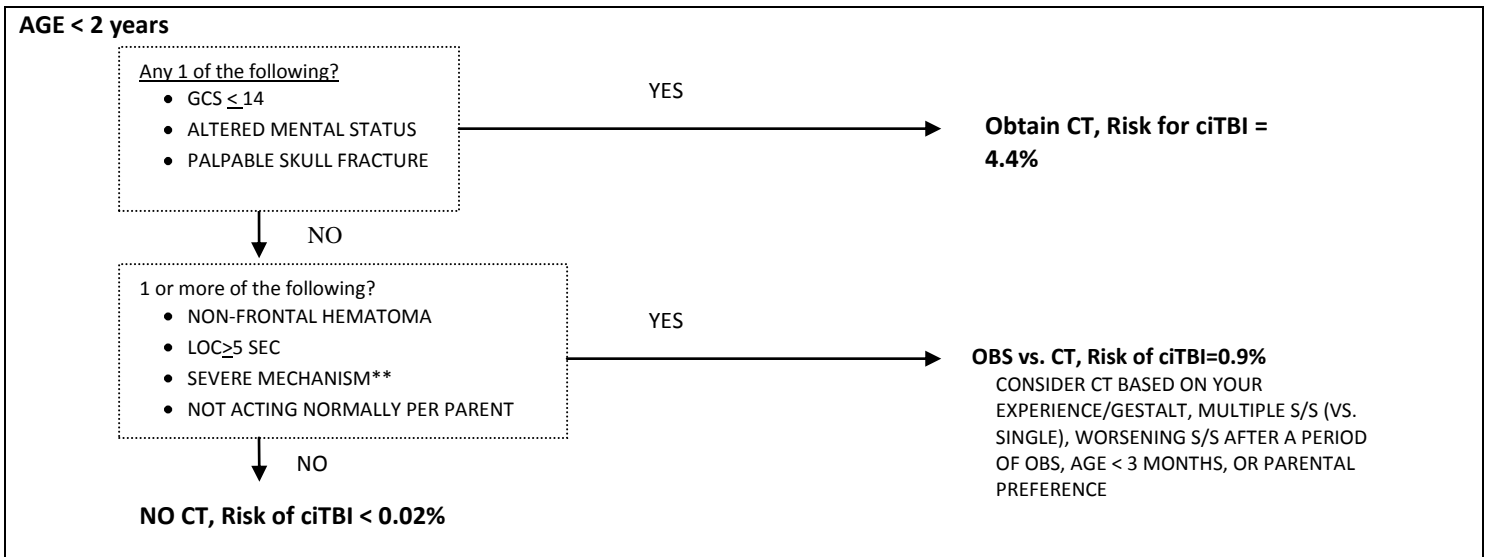
Emergency Department Guideline Pediatric Blunt Head Trauma

Kuppermann N et al. Identified of children at very low risk of clinically-important brain injuries after head trauma: a prospective cohort study. *Lancet*. 2009 Oct 3;374(9696):1160-70.

Fact: Risk of CT-documented TBI in children GCS <14=20%

Study: Derivation (n=33,785) and validation (n=8,627) of clinical decision rule for deciding who NOT to get head CT's for blunt head trauma. Enrolled age <18 yr within 23hrs of head trauma GCS 14-15 in 25 EDs

Pre-defined "clinically important traumatic brain injury" (ciTBI) as: 1) Death from TBI, 2) Neurosurgical intervention, 3) Intubation >24 hrs duration, 4) Hospital admission ≥2 nights



****Severe mechanism of mechanism:**

- MVC with patient ejection, death of another passenger, or rollover
- Pedestrian or bicyclist without helmet struck by a motorized vehicle
- Fall >3 ft (age <2 yr) or >5 ft (age ≥2 yr)
- Head struck by a high-impact object