

Guideline



CCHMC Trauma Service Guidelines

Title: Head Injury in Infant < 1 Year: Rule Out Inflicted Injury Work Up

Effective Date: 03/2020

Number: Tr-08

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1.0 SCOPE

- 1.1. Any CCHMC employee who provides care to a Trauma Services Patient.

2.0 DEFINITIONS

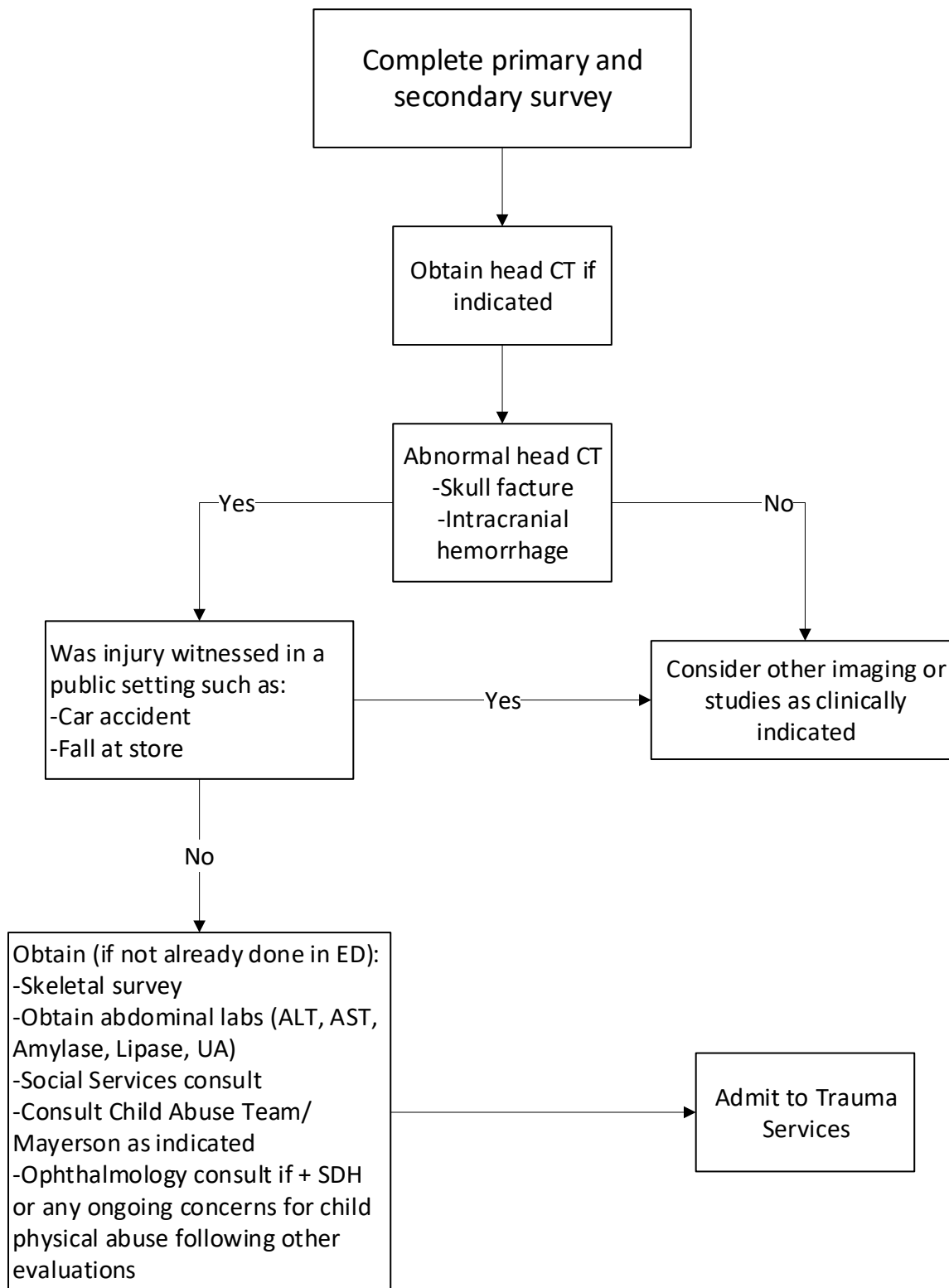
- 2.1 Infants < 1yr of age with head injury admitted to Trauma Service
- 2.2 Abnormal head CT defined as any head CT with:
 - 2.2.1 Skull fracture
 - 2.2.2 Intracranial hemorrhage
- 2.3 Public setting defined as setting outside the home where there are individuals other than family members IE:
 - 2.3.1 Car accident
 - 2.3.2 Store

3.0 GUIDELINE

- 3.1 Complete primary and secondary survey per CCHMC guidelines (refer to Figure 1 below).
- 3.2 Obtain head CT if indicated
- 3.3 Normal head CT
 - 3.3.1 Consider other x-rays or studies if clinically indicated
- 3.4 Abnormal head CT: Was injury witnessed in public setting?
 - 3.4.1 If yes, injury witnessed in public setting - Consider other x-rays or studies if clinically indicated
 - 3.4.2 If no, injury was not witnessed in a public setting - Obtain: (if not already done in ED)
 1. Skeletal Survey
 2. AST/ALT, Lipase/Amylase, UA. Obtain Abdominal/Pelvis CT with contrast if AST/ALT >80, elevated lipase or UA >50 RBC. This may differ from trauma services blunt abdominal trauma guideline as we recommend CT in these cases to define NAT and not specifically for treatment/management of abdominal injury.
 3. Social Service Consult
 4. Refer to Child Abuse Team as indicated
 4. Refer to Standardized Physical Abuse Guideline in ED for further references
 5. Ophthalmology Consult if + subdural hemorrhage or any ongoing concerns for child physical abuse after other evaluations complete. Must be cleared by Neurosurgery for dilation but never in ED unless eye trauma.

Trauma Services Infant Head Injury Guideline

Infants Defined as <1 year of age



4.0 REFERENCES

- 4.1 Rangel, E.L., Cook, B.S., Bennett, B.L., Shebesta, K., Ying, J., Falcone, R.A. Eliminating disparity in evaluation for abuse in infants with head injury: use of a screening guideline. *Journal of Pediatric Surgery*. 2009; 44(6): 1229-1235
- 4.2 Lane, W. G., Dubowitz, H., & Langenberg, P. (2009). Screening for occult abdominal trauma in children with suspected physical abuse. *Pediatrics*, 124(6), 1595-1602.
- 4.3. Lindberg, D. M., Shapiro, R. A., Blood, E. A., Steiner, R. D., Berger, R. P., & ExSTRA Investigators. (2013). Utility of hepatic transaminases in children with concern for abuse. *Pediatrics*, 131(2), 268-275.

5.0 APPROVALS

All revisions of this guideline are approved by the Trauma Service Department. This guideline is reviewed every three years or sooner if deemed necessary. Policy authority for this document resides with the Trauma Service Department. This guideline is approved by the Trauma Service Manager and the Director of Trauma Services.

| HISTORY |
|------------------------|
| Original Date |
| 02/2008 |
| Revision Dates: |
| 11/10, 06/18, 03/20 |
| Review Dates: |
| 04/15 |