



## Infant Head Injury Guideline

**Purpose:** Utilization of best practice guidelines to assist with the workup and management of trauma patients 0-24 months of age with head injury.

**Scope:** Infants 0-24 months of age with head injury

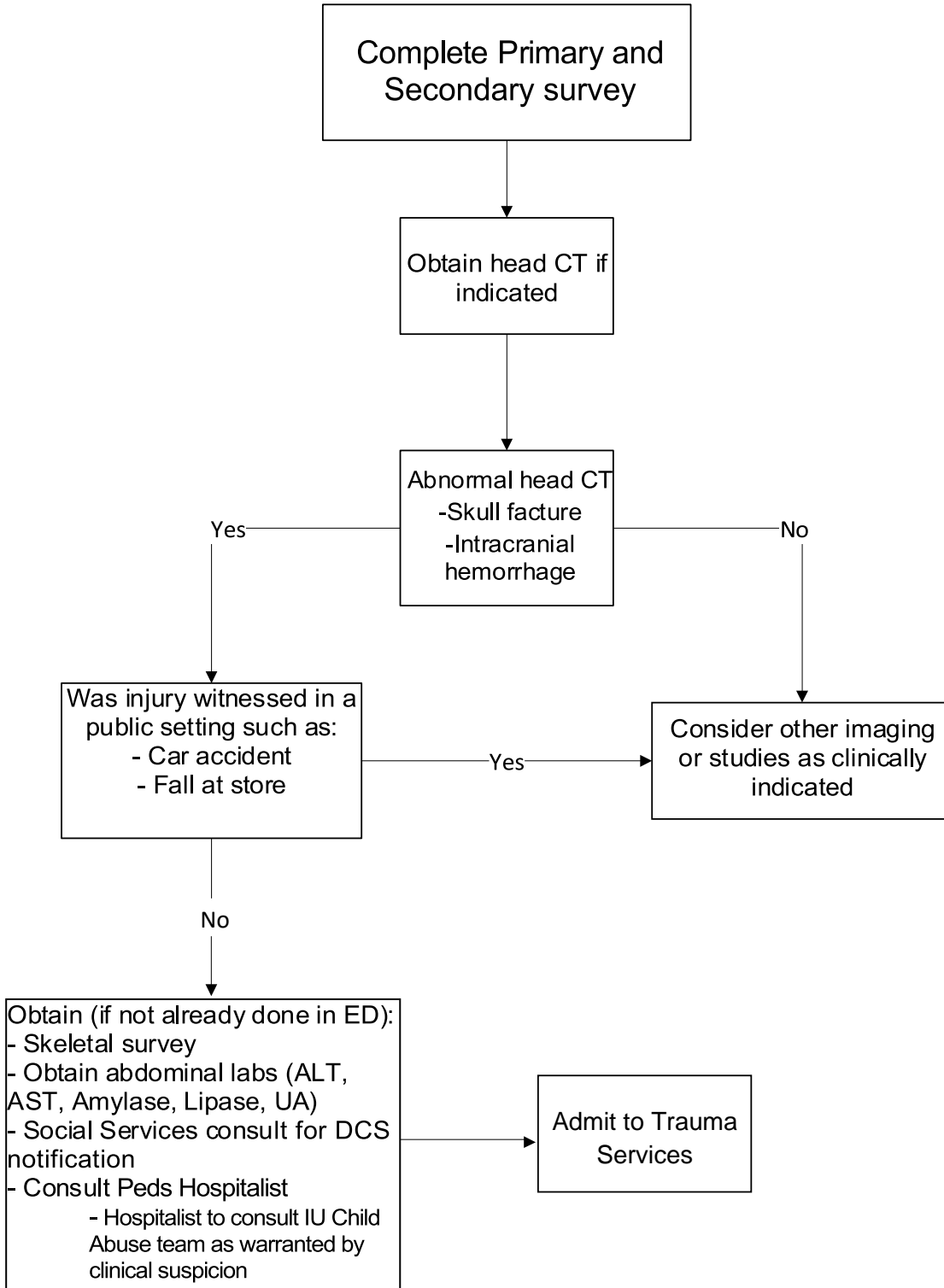
### Definitions:

- Abnormal head CT defined as any head CT with:
  - Skull fracture
  - Intracranial hemorrhage
- Public setting defined as setting outside the home where there are individuals other than family members IE: car accident, store

### Guideline:

- Complete primary and secondary survey per guidelines.
- Obtain head CT if indicated
  - Normal head CT
    - Consider other x-rays or studies if clinically indicated
  - Abnormal head CT: Was injury witnessed in public setting?
    - If yes, injury witnessed in public setting – Consider other x-rays or studies if clinically indicated
    - 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
        - a. 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 for Department of Child Services notification
      4. Consider Ophthalmology consult if intracranial hemorrhage
      5. Consult Pediatric Hospitalist for further Non-Accidental Trauma work up or refer to Non-Accidental Trauma Guideline for further references

Trauma Services  
Infant Head Injury Guideline  
Infants Defined as 0-24 months of age



## References:

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
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.
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.

## Review/Revision History:

<b>Review/Revision Date:</b>	<b>Approved by:</b>
Created 08/2019	Trauma Services
Revised 02/2022	Trauma Services
Revised 10/2024	Trauma Services