

Pediatric Head Injury (<24h after incident)

The most important consideration is history. **Refer to the ED if:**

- High-risk mechanism (pedestrian or bicyclist without helmet struck by motorized vehicle, fall from >3 feet, head struck by high-impact object)
- Any loss of consciousness (LOC)
- GCS <14 more than 2 hours post-injury
- ≥ 2 episodes of vomiting
- Abnormal behaviour post-injury
- Abnormal neurological exam
- Anticoagulation
- Physician gestalt

If none of these high-risk features are present, consider a diagnosis of concussion or contusion and follow up accordingly.

Resources

- [Pediatric Head Injury Trauma Algorithm \(PECARN\)](#)
- [Glasgow Coma Scale \(GCS\)](#)
- [SCAT5 Concussion Assessment](#) (Page 3, Section 2)
- [Concussion Education](#)
- [Patient Discharge Information - Concussion \(Children\) Education](#) (can text this directly to patient via website)

