If a likely traumatic force to the body has occurred, ask the following triage questions to determine if patient should be seen in the clinic vs ER for Head Injury and also if further evaluation of a suspected concussion is warranted.

(Document mechanism of injury with as much detail as possible)

* Was there a blunt force to the head and / or did the head move back and forth with a lot of force ( like whip lash )
* Was there change in mental status ( confusion; dazed, disoriented, or poor memory of events around the injury) or a change in the level of consciousness ( seemed out of it, not responding as you normally do)?

If any of the above 2 triage questions are positive then proceed to triage for red flags and where to direct the patient.

**Call 911**

If unconscious and cannot be awakened

Acts or talks confused (cannot recognize people or places)

Slurred speech

Weakness of arms or legs

Walking unsteady

Seizures

Major bleeding that cannot be stopped.

Significant neck pain and not able to move it properly (Advice to protect neck from movement)

If you think child has life threatening emergency.

**To ER now**

Headache that worsens

Looking drowsy

Repeated vomiting

Significant irritability

Unusual behavior change

Blurred vision more than 5 minutes

Minor bleeding that will not stop after 10 minutes of pressure

Large dent in skull

**PCP to decide if ER visit or clinic**

**If PCP cannot be reached right away send to ER.**

Acute neuro symptoms and now fine

Skin is split or gaping

Fall from height- < 2 years-3 ft/ > 2 years-5 ft.

High risk child ( Bleeding disorder, VP shunt, Brain tumor, History of brain surgery)

Dangerous mechanism of injury but no red flags.

**Immediate office visit within 4 hrs:**

Large swelling on the head without any other symptoms ( < 2y > 2 in; under 12m-> 1 in, < 6 m any minor injury or swelling)

< 24m- Fussiness or crying

Watery fluid from ear or nose.

Severe headache

Suspicious history of injury/ suspected child abuse.

**See same day ( within 24 hrs) in clinic: (If calling in evening can give home care advise for head injury/ concussion and bring in early next day)**

Headache

Dizziness

Fatigue

Sensitivity to light or sound

Difficulty focusing

Headache with cognitive work

Numbness or tingling

Emotional lability (changing, fluctuating)

Nausea and vomited maybe once or twice

Caller wants patient seen.

If none of the above symptoms then proceed with **Home Care**.

**Documentation needed in patient case: Mechanism of injury, Patient symptoms and what advice was given-ER vs Clinic vs Home care. Reason for advice.**