



MINOR HEAD INJURY CHART REVIEW TEMPLATE (03-26-25)

HOSP. CODE/VISIT DATE: _____ PT AGE/SEX: _____ MR #: _____ MD REVIEWER: _____

INCLUSIONS: Children less than 15 years of age with a diagnosis of closed head trauma and a GCS of 15.

EXCLUSIONS: 1) VP shunt 2) Developmental delay 3) Hemophilia 4) Multiple trauma 5) Child Maltreatment

1) TRIAGE /HISTORY:

1a) Respiratory rate documented

1b) Heart rate documented

1c) Temperature documented

1d) Weight Kg. documented

1e) Mental status documented

_____ Normal (GCS=15, alert)

_____ Abnormal (GCS <14, confused, disoriented, lethargic, waxes and wanes, sleepy)

1f) Triage level urgent/emergent

_____ Non-urgent _____ Urgent _____ Emergent

1g) History of loss of consciousness

documented? _____ +LOC _____ No LOC

1h) If LOC, duration documented?

_____ < 5 min _____ 5-15 min _____ > 15 min

1i) Mechanism of injury documented and if fall estimated height

1j) History of presence/absence of vomiting documented?

_____ Vomiting present _____ No vomiting

1k) Presence/absence of headache documented

(child ≥ 5 years):

_____ None _____ Increasing since event

2) PHYSICAL EXAMINATION:

2a) Mental status assessed?

_____ Normal for self _____ Abnormal

2b) Assessment of head for scalp hematoma

2c) Exam for neck tenderness

documented if ≥5 years of age

2d) Neurological exam documented

2e) Documentation of scalp/face injury?

_____ Hematoma _____ Laceration _____ Contusion

_____ Abrasion _____ None (*credit for any*)

3) DIAGNOSTIC STUDIES: (*Credit for CT only if*

criteria by age are met)

By age at least one of the following must be present to receive points for obtaining CT scan:

< 2 years of age

_____ GCS <15 and/or AMS (agitation, somnolence, slow response, repetitive questions)

_____ Palpable skull fracture

_____ Non-frontal scalp hematoma

_____ Abnormal neurologic/mental status as per parent or caregiver

_____ Severe mechanism (MVC with ejection/ rollover or fatality; peds/bicycle vs car; fall > 3ft; head struck by high impact object)

≥ 2 years of age

_____ GCS <15 and/or AMS (agitation, somnolence, slow response, repetitive questions)

_____ Palpable skull fracture

_____ Loss of consciousness

_____ Abnormal neurologic/mental status

_____ Severe headache

_____ Vomiting

_____ Severe mechanism (MVC with ejection/ rollover or fatality; peds/bicycle vs car; fall > ft; head struck by high impact object)

_____ Vomiting

(Did not meet above criteria and no CT performed)

3a) CT scan appropriately performed

_____ CT available, performed _____ Normal _____ Abnormal

_____ CT available, not done, but observed in ED

_____ CT available, observed/admitted

4) DISPOSITION:

4a) Patient discharged home from ED

(Both below must apply to get credit)

_____ Negative head CT or no indication for CT

_____ Normal exam at discharge

(NA if admitted for observation)

4b) Discharge instructions home include symptoms requiring return to the ED

4c) DC Instructions home for school age children include when to return to sports (*credit for NA*)