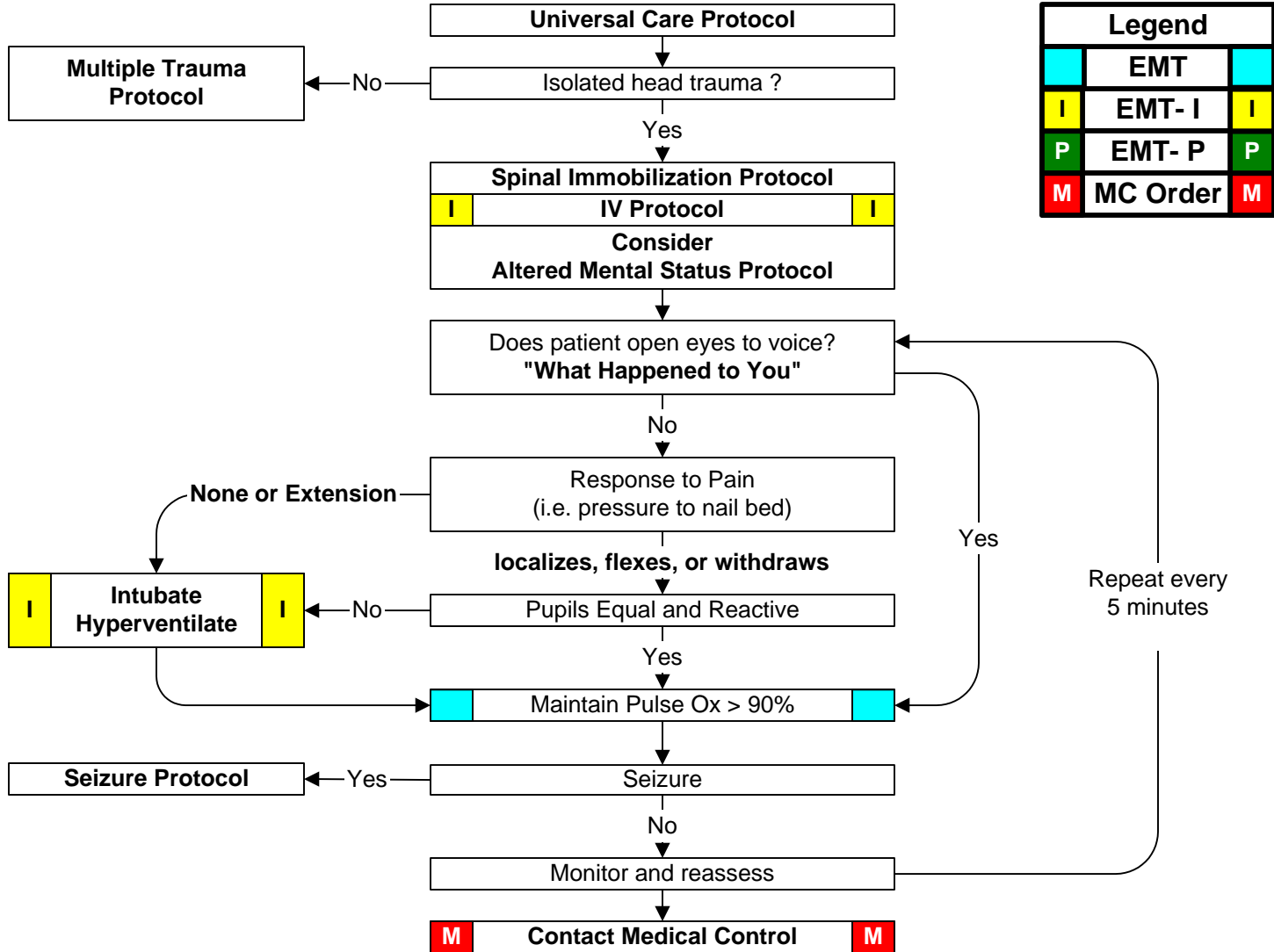




Head Trauma



History: <ul style="list-style-type: none"> • Time of injury • Mechanism: blunt / penetrating • Loss of consciousness • Bleeding • Medical history • Medications • Evidence of multi-trauma • Helmet use or damage to helmet 	Signs and Symptoms: <ul style="list-style-type: none"> • Pain, swelling, bleeding • Altered mental status • Unconscious • Respiratory distress / failure • Vomiting • Significant mechanism of injury 	Differential: <ul style="list-style-type: none"> • Skull fracture • Brain injury (concussion, contusion, hemorrhage, or laceration) • Epidural hematoma • Subdural hematoma • Subarachnoid hemorrhage • Spinal injury • Abuse
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Legend		
I	EMT	I
I	EMT- I	I
P	EMT- P	P
M	MC Order	M

- Pearls:**
- **Exam: Mental Status, HEENT, Heart, Lungs, Abdomen, Extremities, Back, Neuro**
 - If GCS < 12 consider Air / Rapid Transport and if GCS < 9 intubation should be anticipated.
 - In absence of capnometer, hyperventilate the patient (adult: 20 breaths / min, child: 30, infant: 35) only if ongoing evidence of brain herniation (blown pupil, decorticate or decerebrate posturing, or bradycardia).
 - Increased intracranial pressure (ICP) may cause hypertension and bradycardia (Cushing's Response).
 - Hypotension usually indicates injury or shock unrelated to the head injury and should be aggressively treated.
 - The most important item to monitor and document is a change in the level of consciousness.
 - Consider **Restraints** if necessary for patient's and/or personnel's protection per the Restraint Procedure.
 - Limit IV fluids unless patient is hypotensive (systolic BP < 90).
 - Concussions are periods of confusion or LOC associated with trauma which may have resolved by the time EMS arrives. Any prolonged confusion or mental status abnormality which does not return to normal within 15 minutes or any documented loss of consciousness should be evaluated by a physician ASAP.