

Guidelines for the Evaluation and Management of Isolated Simple Linear Skull Fracture in Pediatric Trauma Patients (Not Birth Related)

Demonstrated Simple Linear Fracture (1)

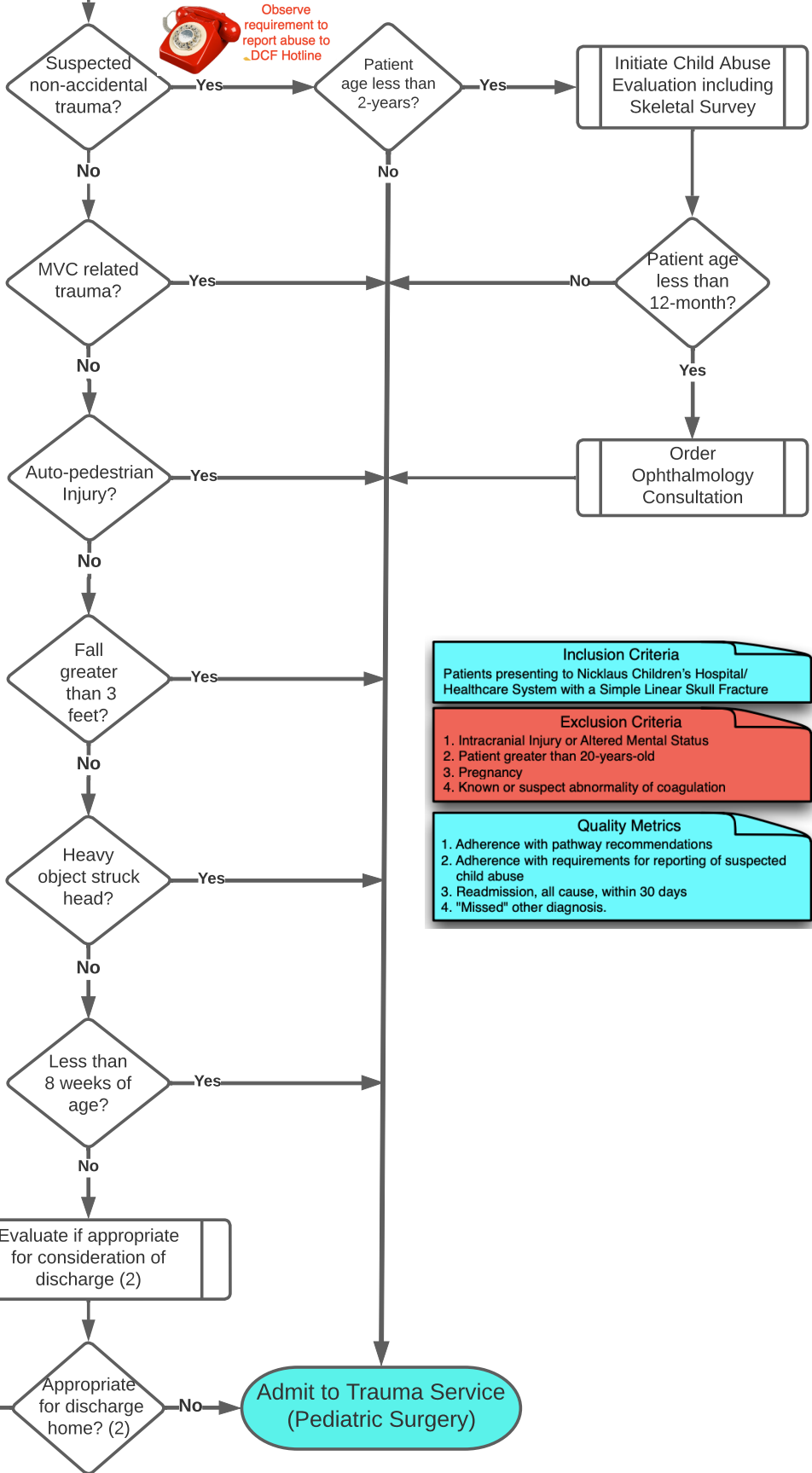
Complete trauma workup to include history, "Head-to-Toe" exam and Trauma Labs

Simple Linear Skull Fracture (1)

1. Margins separated by less than 3 mm
2. Non-depressed/minimally depressed
3. No intracranial injury - No cerebral contusion/No suspected extra axial blood > 2 mm in thickness
4. Not a basilar skull fracture/not involving posterior fossa
5. Fracture not to Foramen Magnum
6. No pneumocephalus
7. Confirmed by Radiology

Considerations for Possible Discharge (2)

1. The child alerts easily and has a normal neurological exam (including GCS)
2. No unremitting vomiting and able to tolerate clear oral fluids
3. Observed in the ED for at least four hours
4. No significant extra-cranial injuries
5. Social Worker family assessment is without concerns
6. No suspicion of abuse or neglect
7. Child lives in relatively close proximity to healthcare and has reliable caretakers who are able to return if necessary
8. Parents are given clear instructions and contact information for follow-up
9. No history of bleeding disorder, no acute anemia from subgaleal hematoma, or current anticoagulation therapy



Inclusion Criteria
Patients presenting to Nicklaus Children's Hospital/ Healthcare System with a Simple Linear Skull Fracture

Exclusion Criteria

1. Intracranial Injury or Altered Mental Status
2. Patient greater than 20-years-old
3. Pregnancy
4. Known or suspect abnormality of coagulation

Quality Metrics

1. Adherence with pathway recommendations
2. Adherence with requirements for reporting of suspected child abuse
3. Readmission, all cause, within 30 days
4. "Missed" other diagnosis.