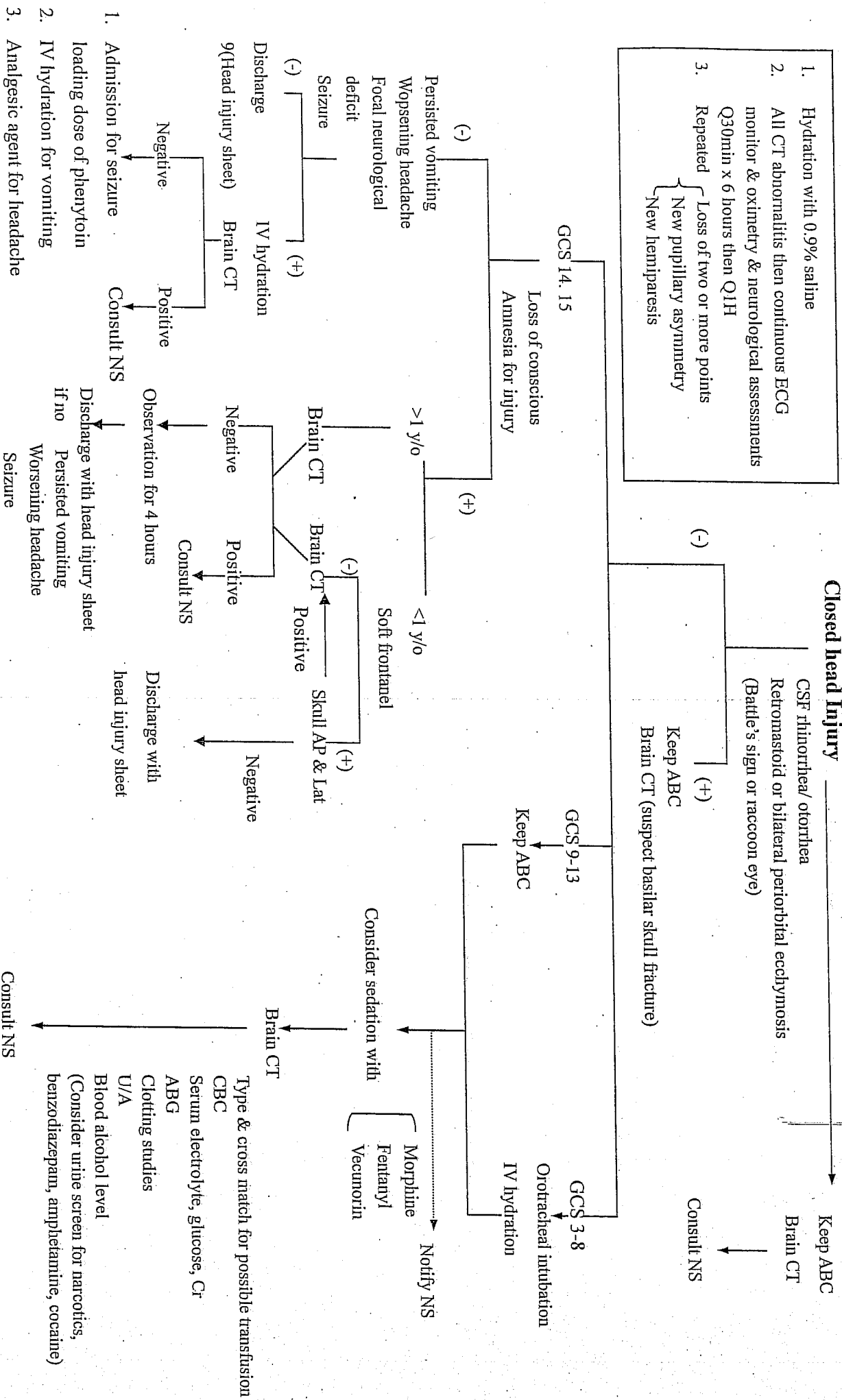


Algorithm for Closed Head Injury



1. Hydration with 0.9% saline
2. All CT abnormalities then continuous ECG monitor & oximetry & neurological assessments Q30min x 6 hours then Q1H
3. Repeated
 - Loss of two or more points
 - New pupillary asymmetry
 - New hemiparesis

Closed head injury
CSF rhinorrhea/ otorrhea
Retromastoid or bilateral periorbital ecchymosis
(Battle's sign or raccoon eye)
Keep ABC
Brain CT (suspect basilar skull fracture)
Consult NS

1. Admission for seizure loading dose of phenytoin
2. IV hydration for vomiting
3. Analgesic agent for headache

Consider sedation with
Morphine
Fentanyl
Vecuronin
Notify NS

Brain CT
Type & cross match for possible transfusion
CBC
Serum electrolyte, glucose, Cr
ABG
Clotting studies
U/A
Blood alcohol level
(Consider urine screen for narcotics,
benzodiazepam, amphetamine, cocaine)
Consult NS