EvidencED Care

Adult Head Injury CT Pathway

EMA
Emergency Medicine Associates, P.A., P.C.

Does the patient meet inclusion criteria?

- Age 18-64
- GCS=15
- Injury within last 24 hours
- Not multi-system trauma patient
- Not penetrating head injury
- No brain tumor or VP shunt
- Not pregnant
- Not taking anti-platelet drugs[1]

Yes

No

Are any high risk features listed below present?

- Vomiting
- Severe headache
- Focal neurologic deficit
- Signs of basilar skull fracture[2]
- Coagulopathy due to use of warfarn, novel oral anti-coagulants[3], heparin, or LMWH
- Coagulopathy due to liver disease or inherited disorder
- Thrombocytopenia
- Dangerous mechanism present such as pedestrian vs. car, MVC ejection, fall> 3 ft or fall> 5 stairs

No

Is LOC or post traumatic amnesia present or unknown?

Yes

No

Further management per clinician judgement

Yes

Are any features listed below present?

- Age>60
- Intoxication with ETOH or drugs
- Short term memory deficit
- Visible trauma above clavicles[4]
- Post-traumatic seizure

Yes

No

Obtain Head CT

No Head CT
Head Injury Precautions

FOOTNOTES

1. Anti-platelet drugs include aspirin, aspirin/dipyridamole, clopidogrel, prasugrel, ticlopidine, ticagrelor, cilostazol.
2. Signs of basilar skull fracture include hemotypanum, "raccoon eyes," CSF leak from the ears or nose, and Battle's sign.
3. Novel oral anti-coagulants include although are not limited to rivaroxaban (xarelto), apixaban (eliquis), and dabigatran (pradaxa).
4. Visible trauma above the clavicles includes any trauma to the head or neck which results in laceration, abrasion, bruising, ecchymosis, hematoma, swelling, fracture.

Updated January 2017. This pathway does not establish legal standard of care or substitute for clinical judgement.