## PAEDIATRIC NEURO-TRAUMA



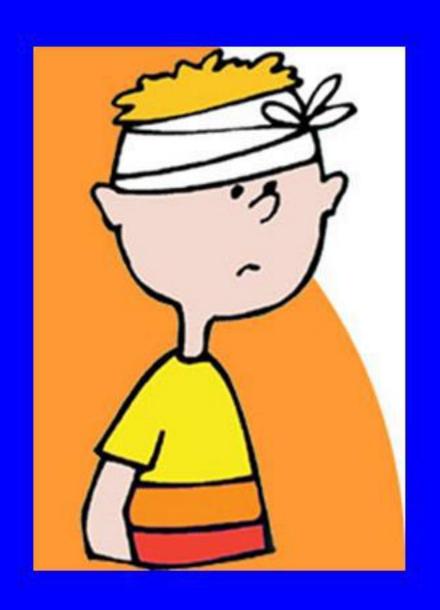
**Christine Clements** 

Paediatric Neurosurgery Nurse Specialist









#### **Secondary Injury**

- Hypoxia
- Hypotension
- Increased Intracranial Pressure

#### One size doesn't fit all



### Modified Glasgow Coma Score for paediatric patients

Infant best verbal response

Children < 4 year best verbal response

5 coos babbles

4 irritable cry

3 cries to pain

2 moans to pain

1 no response

5 orientated smiles interacts follows objects

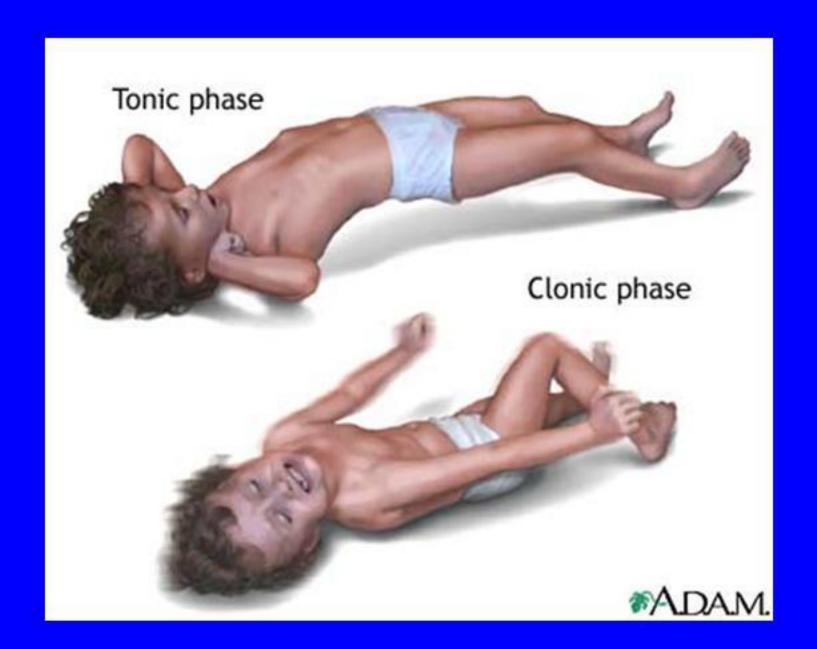
4 confused disorientated uncooperative

3 inappropriate words persistent cry inconsolable inconsistent awareness etc

# Mild Moderate Severe GCS 13-15 9-12 3-8 PTA < 1 hr</td> 1-24 hr 1-7 days



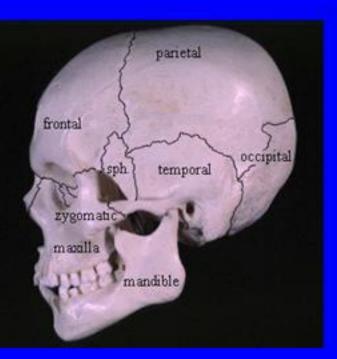


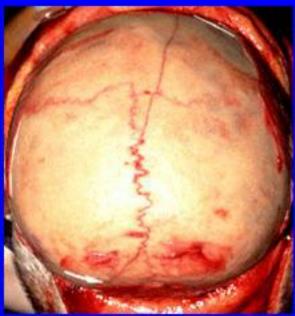


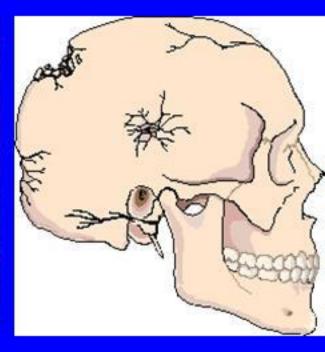




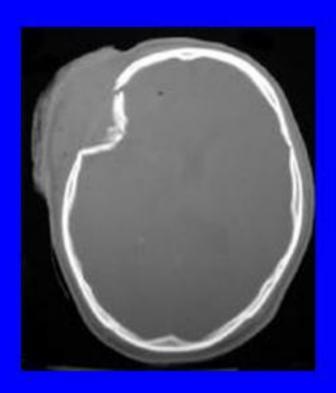
#### Fractures







#### Depressed Skull#







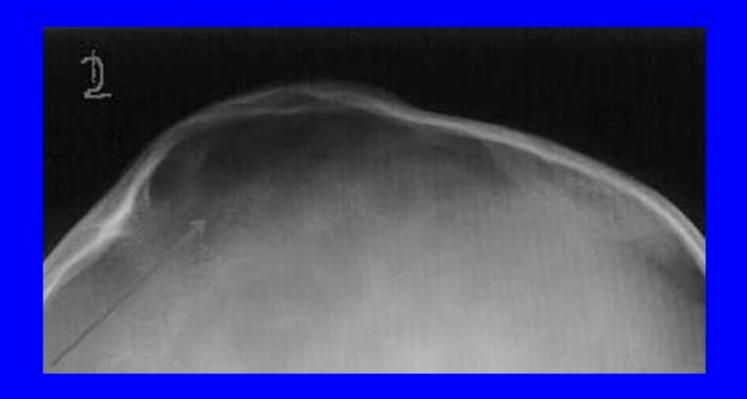
#### **Basal skull #**

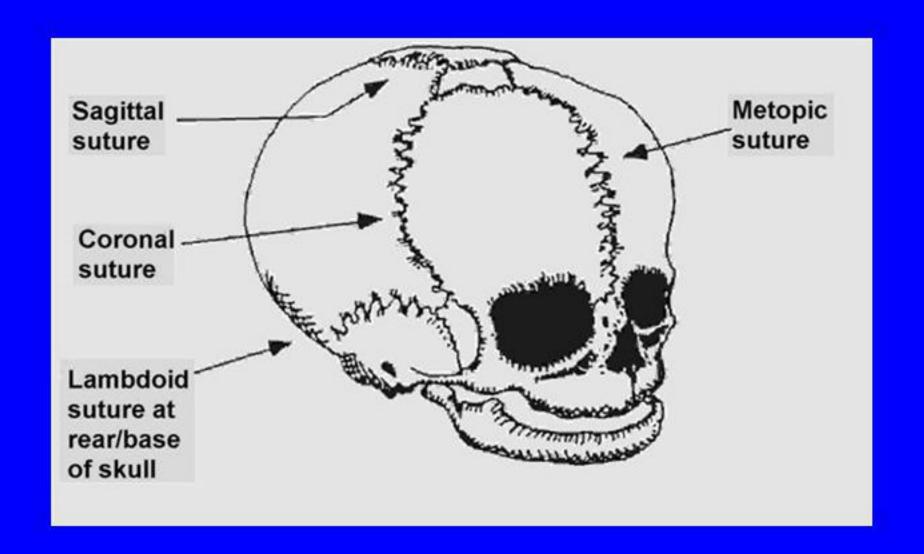
#### Battle sign





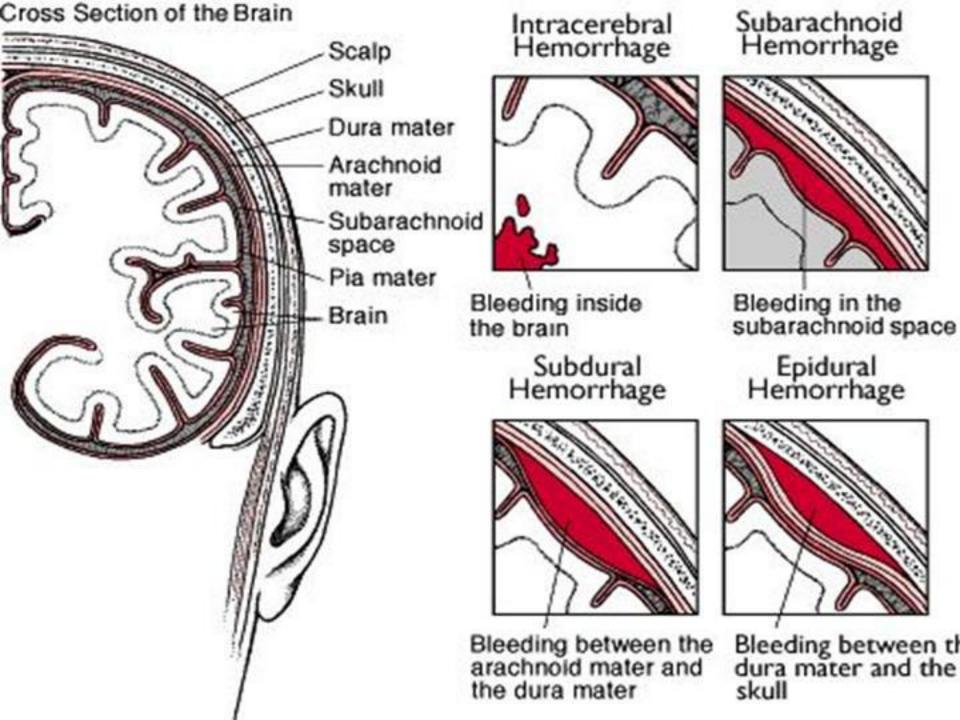
#### **Growing #**

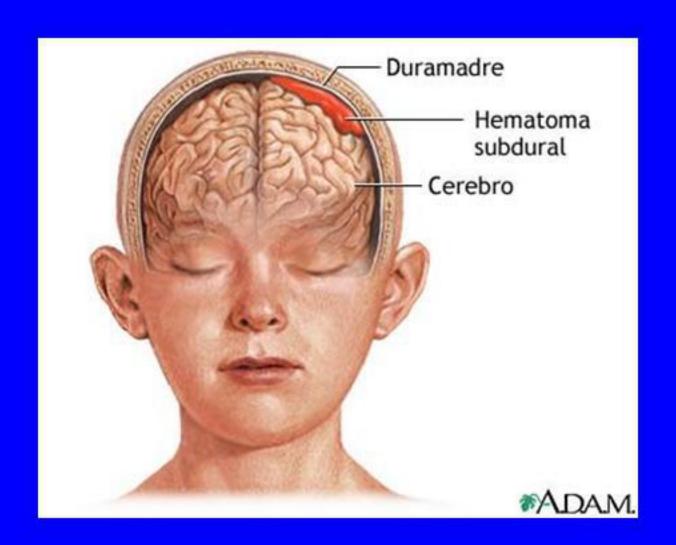




#### Ping-pong #







#### Extradural Haematoma





#### **Ongoing Problems**

- Intellect
- Emotions
- Control
- Fatigue
- Headaches
- Seizures



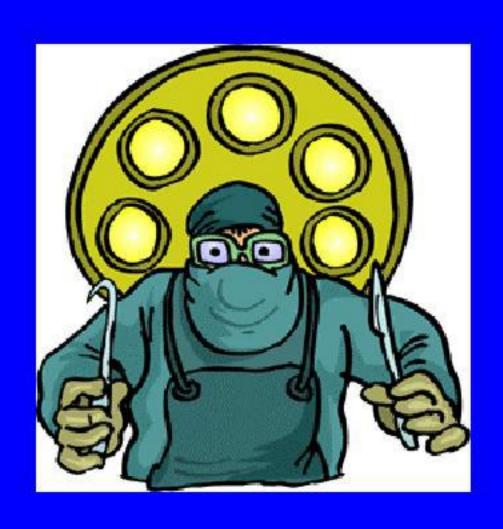
#### **Key Points**

- → Listen to the Parents
- → Always maintain a high level of suspicion
- → Early and accurate diagnosis is essential
- → Refer to protocols and guidelines
- → Normal CT does not exclude problems

#### Cont.....

- → Rapid resuscitation and early transfer to children's trauma centre
- → A deteriorating child requires intubation prior to transfer
- → Do not over infuse and use hypotonic solution > 2 yrs
- → Avoid measures that decrease ICP at expense of cerebral blood flow

#### Ask the NEUROSURGEON



#### Prevention of

- Primary Injury
- Secondary Injury



#### Don't add insult to injury