
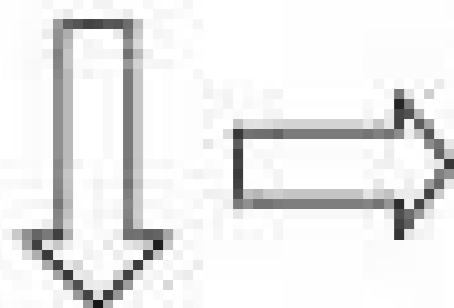


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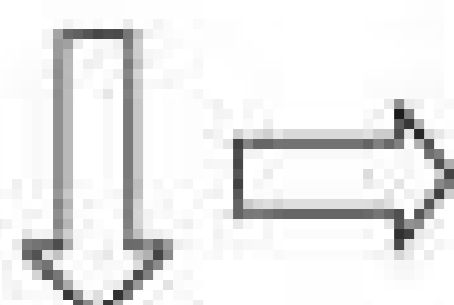
Total citations identified from electronic databases (Medline, Embase, CINAHL)
n=3071



Citations excluded after screening titles and abstracts
n=2977

Articles retrieved for detailed evaluation

- From electronic databases: n=93
 - From hand searching: n=51
- n=144**



Excluded after full text assessment:

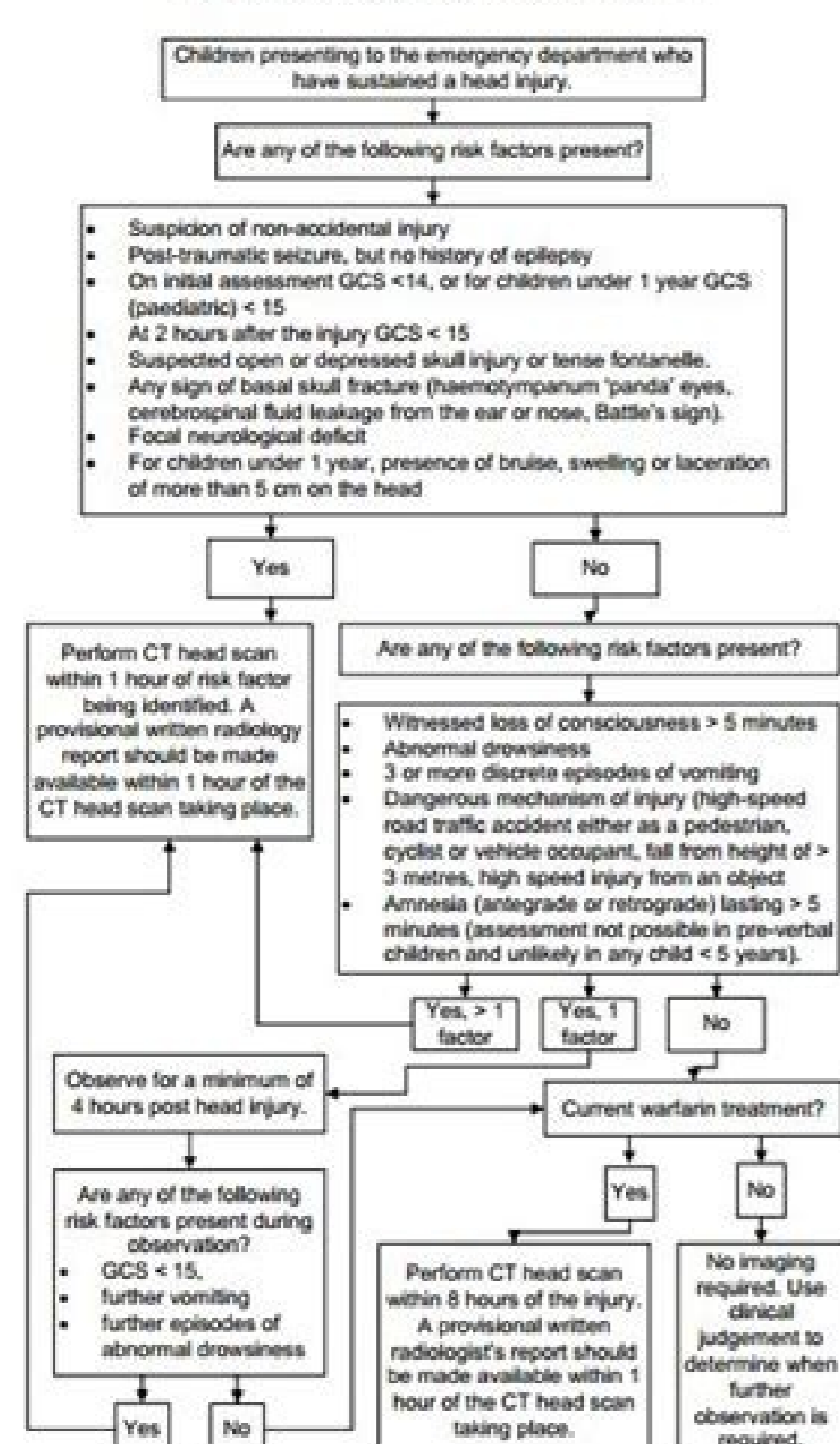
- 10 articles unavailable
 - 30 reports not relevant
 - 26 – NICE head injury guidelines
 - 5 – Other HI guidelines
 - 15 – HI epidemiology
- n=86**

Articles included in review:

- 51 – Neurosurgical management
 - 7 papers cited by NICE
- n=58**

NICE National Institute for Health and Care Excellence

Algorithm 2: Selection of children for CT head scan



EDUCATION & PRACTICE

an edition of Archives of Disease in Childhood



Secondary bacterial impetiginisation of a patient with eczema.

Editor's choice

Fifteen minute consultation: Managing neonatal and childhood herpes encephalitis

adc.bmj.com



BMJ

Head or neck injury or concussion suspected
Evaluate at point of injury beginning with airway, breathing, and circulation

Serious cervical spine injury ruled out?*

Yes

Neuroimaging indicated?
(see Table 5)

No

Yes

Secure patient with cervical collar and backboard

Transport patient to the hospital
Consider neuroimaging

Results of neuroimaging normal?

No

Treat as indicated

Mental status changes or balance deficits on initial neurologic examination (or with Maddock's questions)?

No

Yes

Positive responses on a symptoms checklist, or deficiencies observed on cognitive assessment tools or postural stability testing?

Consider other diagnoses or return to play

Diagnose concussion

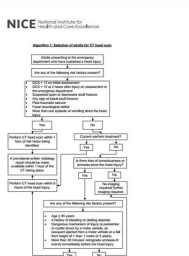
Complete remainder of assessment tools to establish injury baseline

Remove from play

Observe for deterioration

Establish a follow-up plan, including a rest period followed by a graded return-to-play protocol after full recovery (see Table 6)

*—Cervical spine injury can be ruled out and the patient may be moved if all of the following are normal (perform evaluations without moving the head or neck): peripheral strength and sensation, absence of asymmetric spasm or spinal tenderness, isometric neck strength, active range of motion of the neck, Spurling test. Exceptions: altered level of consciousness, intoxication, distracting injuries, midline tenderness, focal neurologic deficits.



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