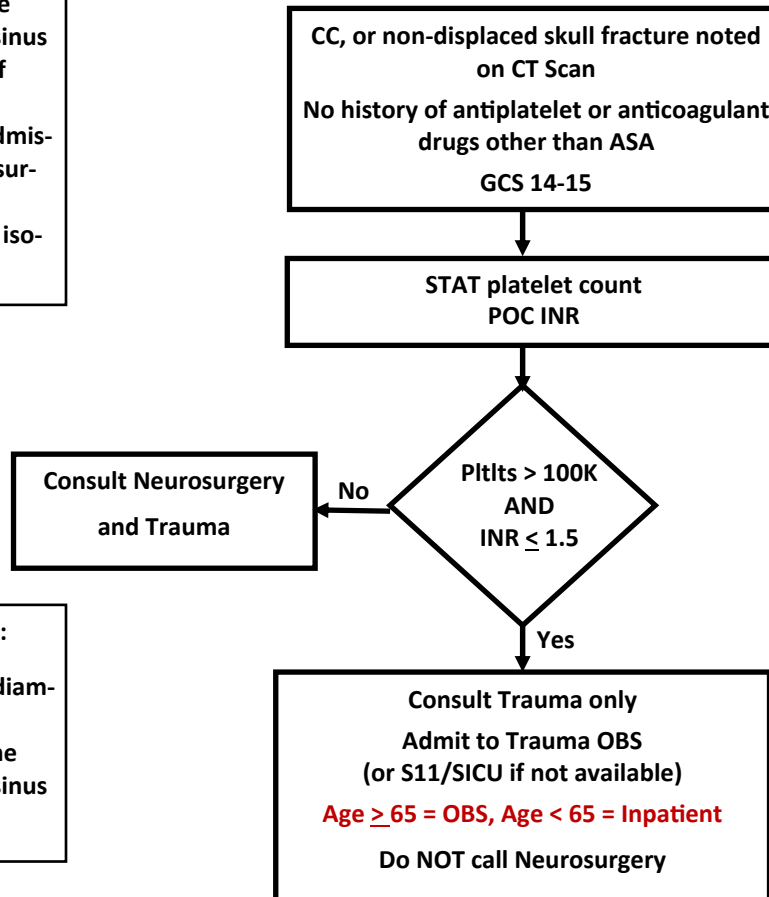


Clinical Practice Guideline Cerebral Contusion (IPH) / Skull Fracture

- Definitions:**
- Cerebral contusion must be single and < 1cm in largest diameter
 - Skull fracture must be nondisplaced and cannot involve the posterior wall of the frontal sinus
 - Pneumocephalus is allowed if only a few small bubbles
 - Otherwise, call Trauma for admission. They will consult neurosurgery if needed.
 - Observation unit preferred if isolated injury



- Trauma will call Neurosurgery for:**
- Cerebral contusion ≥ 1 cm in diameter, or multiple contusions
 - Skull fracture that involves the posterior wall of the frontal sinus

NOTE: All admitted patients should be on Trauma Service. In rare event that patient has multiple/severe comorbidities, may admit to Medicine BUT Trauma must be consulted and follow until protocol is complete

	Orders
Vital signs	Telemetry q2° x 12°, then routine
Neuro/pupil checks	q2° x 12°, then routine
Diet	Regular
Lab	None
Activity	Up ad lib
Repeat imaging	None
TBI screen	Nursing (skull fx) or PT / OT /
Thresholds	Call MD for SBP>150, P<60, or any decrease in GCS or change in mental status
Discharge criteria	Stable/improving mental status x 16°, screens passed, pain controlled
Followup	TBI clinic if positive TBI screen Neurology if seizure occurred due to TBI PMD recommended in all patients Neurology/neurosurgery if new or recurrent sx occur