Australia and New Zealand-specific child head injury guidelines created
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"When we arrived at the hospital he vomited a few times so to rule out a head injury he received a CT scan and was observed overnight."

Under the new head injury guidelines, Jakob fulfilled several risk factors for a CT scan and observation.

Mr Salter said it was comforting to know these guidelines were in place to ensure all children received the same treatment regardless of where they lived in Australia.

Professor Franz Babl, MCRI Group Leader of Emergency Research, said Australia and New Zealand have not had a specific set of guidelines to help clinicians decide how best to treat individual children under 18 years who come to the emergency department with mild to moderate head injury.

"While we need to rule out any bleeding in the brain, we don't want to order CT scans unnecessarily, because it increases children's lifetime radiation exposure," he said.

"The lack of standardized guidelines meant children were receiving different care depending on where they were seen. Widespread uptake of these guidelines will change that."

Following an extensive search and assessment of international guidelines such as those used in Canada, the US and the UK, the PREDICT working group developed 71 recommendations and an imaging/observation algorithm relevant to the Australian and New Zealand setting. The new guidelines cover patient triage, imaging, observation versus admission, transfer, discharge and follow-up.

Head injury is one of the most common reasons for children to present to emergency departments.
In Australia and New Zealand about 10 percent of children who present with head injuries of all severities have CT scans. Despite traumatic brain injuries being uncommon, persistent post-concussive symptoms affect more than a third.

Professor Stuart Dalziel, Cure Kids Chair of Child Health Research at The University of Auckland and pediatric emergency physician at Starship Children’s Hospital in New Zealand, said identifying traumatic brain injury in children with seemingly mild injuries could be difficult and over the past 15 years had been a focus of research in emergency departments worldwide.

He said across Australia and New Zealand there had been a variation in practice in the management of pediatric head injury.

The PREDICT working group who developed the guidelines included emergency physicians, pediatricians, neurologists, neurosurgeons, radiologists, sports medicine doctors, neuropsychologists, GPs, paramedics and nurses.

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