

## Practice Management Guideline Neurosurgical Consultation & Admission of Pediatric Patients with Isolated Non-Depressed Skull Fracture

**Isolated non-depressed skull fracture identified**

1. Presence of intracranial hemorrhage or pneumocephalus
2. Depressed or open skull fracture
3. Penetrating head injury
4. Neurological deficit not thought to be due to concussion

**Neurosurgery consult**  
at the time of initial evaluation

1. Concern for abusive head injury
2. Presence of other injuries requiring admission
3. Inability to tolerate oral intake

**Consider admission**  
Neurosurgery consult the following day

1. Linear non-displaced skull fracture
2. Absence of intracranial hemorrhage and pneumocephalus
3. Absence of neurological deficits
4. Absence of other injuries requiring admission
5. Tolerating oral intake
6. No suspicion for abuse (infant skeletal trauma pathway completed)

**Safe to discharge from  
Emergency Department**  
with referral to Neurosurgery  
Clinic for follow up.

*Follow up will be  
8 weeks post-injury*

Open skull fracture is defined as a skull fracture with overlying scalp laceration that extends through the galea aponeurotica (periosteum and/or bone exposed).

Depressed skull fracture is defined as a skull fracture that is displaced more than the thickness of the surrounding bone

