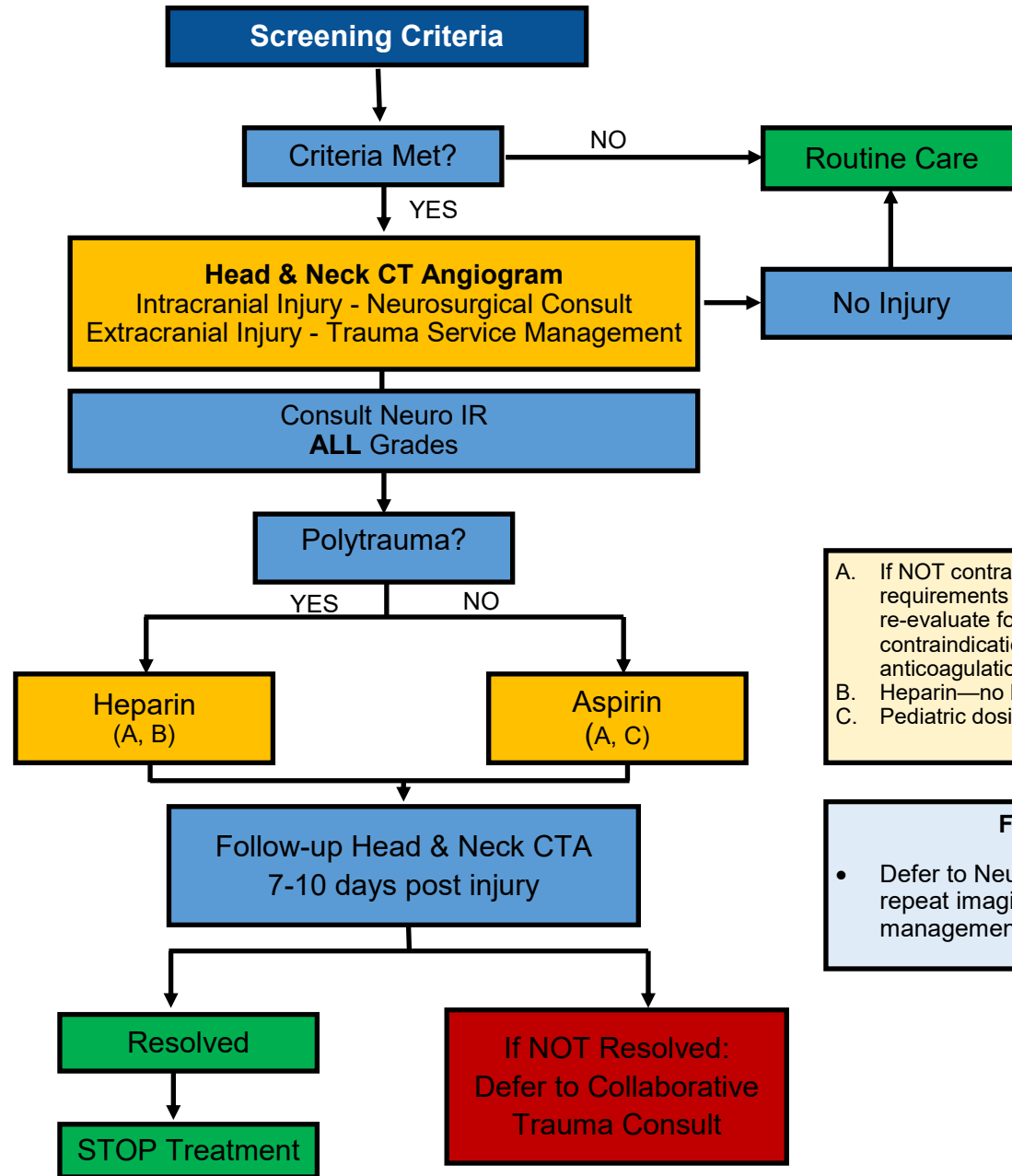


Practice Management Guideline Blunt Head/Face/Neck Injury

- Screening Criteria:**
1. Any basilar skull fracture
 2. Any cervical spine fracture and/or ligamentous injury
 - Subluxation at any level
 - C1-C3 fracture with high mechanism
 - Extension of fracture through transverse foramen
 3. Neurological exam not explained by brain imaging (i.e. lateralizing deficits, anisocoria, amaurosis fugax, NSG concerns with level of consciousness)
 4. Horner's Syndrome
 5. Lefort II or III fracture
 6. Neck soft tissue injury with need for CT head/neck. Face or isolated "clothesline," deep soft tissue injury or hematoma
 - Hanging or strangulation
 7. Acute cerebral infarct on CT brain
 8. Major thoracic injury - 1st rib fracture or thoracic aorta/major vessel injury

- Denver Grading System**
- GRADE I - Irregular vessel wall dissection/intraluminal hematoma with 25% stenosis
- GRADE II - Intraluminal thrombus or raised intimal flap is visualized, or dissection/intraluminal hematoma with >25% stenosis
- GRADE III - Pseudoaneurysm
- GRADE IV - Vessel occlusion
- GRADE V - Vessel transection



- A. If NOT contraindicated by OR requirements and/or ongoing bleeding, re-evaluate for resolution of contraindications and starting anticoagulation or antiplatelet therapy.
- B. Heparin—no bolus, PTT 40-50 sec.
- C. Pediatric dosing: Aspirin 5mg/kg/day

- Follow Up**
- Defer to Neuro IR for follow-up, repeat imaging, and Aspirin management