Clinical Practice Guideline  
SAH / Cerebral Contusion / Skull Fracture

Definitions:
- SAH must be non-central and not involve the Sylvian fissure (no suspicion of aneurysm)
- 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

SAH, CC, or non-displaced skull fracture noted on CT Scan
No history of antiplatelet or anticoagulant drugs
GCS 14-15

STAT platelet count
POC INR

Pltts > 100K
AND
INR ≤ 1.5

Consult Neurosurgery and Trauma

No

Yes

Consult Trauma only

Age ≥ 65 = OBS, Age < 65 = Inpatient
Admit to Trauma OBS (or S11/SICU if not available)
Do NOT call Neurosurgery

Trauma will call Neurosurgery for:
- SAH that is central or involving the Sylvian fissure, or otherwise suspicious for aneurysm
- Cerebral contusion ≥ 1cm in diameter, or multiple contusions
- Skull fracture that involves the posterior wall of the frontal sinus

Orders

| 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 |
|        | 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 |

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