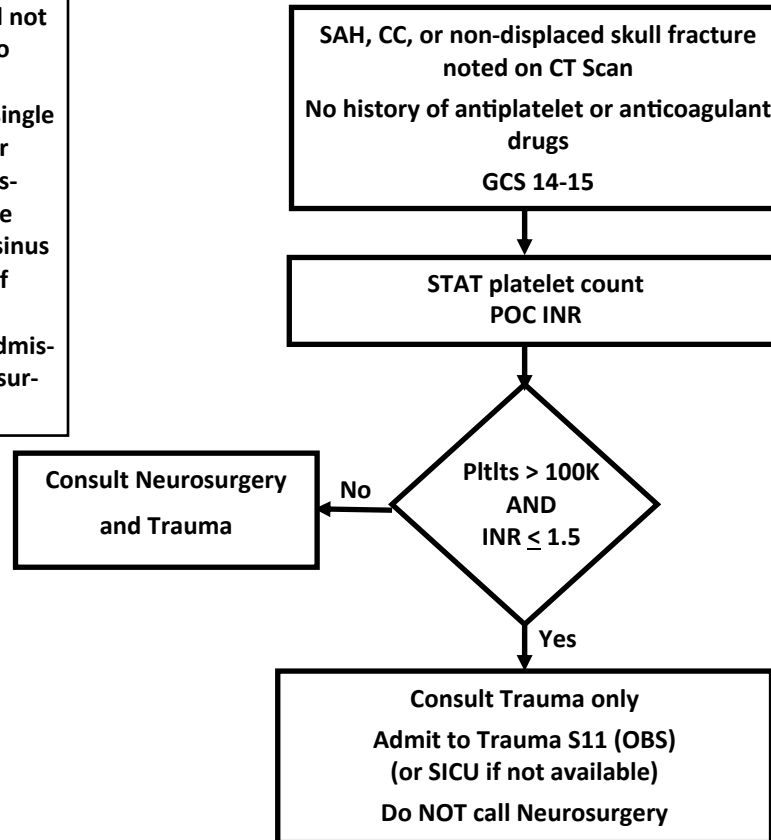


## Clinical Practice Guideline

### 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.



	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	S11 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 indicated PMD, or neurology/ neurosurgery if no PMD (2- 4 weeks)