Algorithm for the management of the pediatric patient ±2 years of age with minor head trauma. CT Computed Tomography; ED Emergency.

Figure 1: 

1. Consider CT scan. 
   - If CT scan and GCS = 15, go to box 6. 
   - If CT scan and GCS ≠ 15, go to box 5. 

2. If CT scan and GCS = 15, symptoms improved, go to box 6. 
   - If CT scan and GCS ≠ 15, symptoms improved (or not obtained), go to box 12. 

3. If CT scan and GCS = 15, consider CT scan. 
   - If CT scan and GCS = 15, observe in ED for 6 h. 
   - If CT scan and GCS ≠ 15, admit to hospital. 

4. Contact Neurosurgery. 
   - If CT scan and GCS = 15, admit to hospital. 
   - If CT scan and GCS ≠ 15, consult with Trauma Neurosurgery. 

5. If CT scan and GCS = 15, suspect skull fracture. 
   - If CT scan and GCS = 15, abnormal neurologic exam. 
   - If CT scan and GCS ≠ 15, abnormal mental status. 

6. If CT scan and GCS = 15, perform CT scan. 
   - If CT scan and GCS = 15, provide written instructions for hospital admission. 
   - If CT scan and GCS ≠ 15, provide written instructions for observation. 

7. If CT scan and GCS = 15, consider discharge. 
   - If CT scan and GCS ≠ 15, consider discharge. 

8. Box 12: 
   - If CT scan and GCS = 15, low-risk case of trauma. 
   - If CT scan and GCS ≠ 15, normal neurologic exam. 
   - If CT scan and GCS = 15, normal general exam. 
   - If CT scan and GCS ≠ 15, normal patient symptomatology. 

9. If CT scan and GCS = 15, all of the following: 
   - If CT scan and GCS = 15, determine Glasgow Coma Scale (GCS) level. 
   - If CT scan and GCS ≠ 15, determine Glasgow Coma Scale (GCS) level. 

10. If CT scan and GCS = 15, determine history of acute impact to head. 
   - If CT scan and GCS ≠ 15, determine history of acute impact to head. 

11. If CT scan and GCS = 15, take history. 
   - If CT scan and GCS ≠ 15, take history. 

12. If CT scan and GCS = 15, exit algorithm. 
   - If CT scan and GCS ≠ 15, exit algorithm.