P1-52: Preschool Children Hospitalized with Head Injury: Injury Severity and Care Provided

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Abstract:
Introduction: Purpose: To describe care provided to preschool children hospitalized with head injury by injury type and severity. Head injury is the leading cause of death and disability in young children in the US. There is no single treatment or a defined best practice to improve outcomes dramatically.

Method(s): Methods/Data analysis. Analysis of chart data from a longitudinal study of 183 preschool children hospitalized with head injury. Injury severity measures were the Injury Severity Scale and the Glasgow Coma Scale (GCS). One-way ANOVAs and chi-squared tests were used with significance level set at .05.

Results: 90 children were admitted to PICU; 92, to GCU; 103 boys, 79 girls; 56% White, 30% Black, 13% Hispanic. Injury events included 89 falls, 35 hit by car, 26 motor vehicle crashes, 12 bicycle crashes, 21 blunt traumas. Most children (67%) had only the head injury, 26% had other fractures, 11% had organ damage. One third received treatment at the scene. Children with severe/critical head injuries had significantly lower GCS scores, longer lengths of stay; were more likely to also have organ damage, to be comatose and admitted to the PICU. They were more likely to have chest tubes, foley catheters, arterial and central lines, intracranial pressure lines; to receive mannitol/urea, phenobarbital, dilantin, and pavulon/curare than children with less severe head injuries. Children with injury to the head only were much less likely to have these tubes, lines, and medications. Regardless of severity of head injury, 63% of children were discharged on medications, 15% with medical equipment. Five children were discharged to a long-term care facility and 1 to a rehabilitation facility.

Discussion & Conclusions: Preschool children with serious fractures and/or organ damage in addition to their head injuries required more invasive treatment, admission to the PICU, and more days in the hospital. More than half of the children required medications after discharge.

Abstract History:
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