DROPPED BABY ● 1/2

ASSESSMENT

- Ensure baby placed on a safe surface, ideally resuscitaire
- Assess:
  - heart rate
  - respiratory rate
  - responsiveness
- If urgent clinical concerns call neonatal crash team, otherwise request medical review by neonatal middle grade
- Take full history and examine baby
  - detailed documentation of all injuries
  - review vitamin K history/administration
- Record occipital frontal circumference
- Update parents
- Move baby to NNU/special care baby unit and admit for ≥24 hr for observations

MONITOR

- Perform:
  - continuous ECG
  - saturation monitoring
  - neurological examination:
    - hourly for first 12 hr, then
    - 2-hrly for 24 hr

INVESTIGATIONS

Urgent CT head scan

Indicated if injury is suspected or if the baby has/subsequently develops abnormal clinical signs

- If baby sustained head injury and clinical concerns of skull fracture or cranial ultrasound abnormalities, arrange urgent CT scan of head
- Provisional written radiology report should be made available within 1 hr of scan

Vomiting is not a reliable sign in infants

- If any of the following risk factors, CT head scan within ≤1 hr
  - suspicion of non-accidental injury
  - seizure
  - altered state of consciousness on initial assessment or at 2 hr after injury
  - suspected open/depressed skull fracture
  - tense fontanelle
  - any sign of basal skull fracture
    - haemotympanum
    - 'panda' eyes
    - cerebrospinal fluid leakage from ear or nose
    - Battle's sign (bruising over mastoid process)
  - focal neurological deficit
  - bruise, swelling or laceration >5 cm on head
  - recurrent vomiting
  - altered state of consciousness

DOCUMENTATION

- Complete incident form
- Consider possibility of non-accidental injury

SUBSEQUENT MANAGEMENT

- If CT abnormal discuss with neurosurgical centre

DROPPED BABY ● 2/2

- If CT normal/not indicated continue to monitor baby as described above until 24 hr of normal observations have been documented