



Topic: Blunt Head Trauma

Audience: ED and EMS Clinicians; patients/families

Background: Pediatric traumatic brain injury poses unique challenges, with subtle or evolving symptoms that can delay recognition, especially in young children. Differences in clinician experience and resources also lead to variability in care. This toolkit provides practical, evidence-based tools to support confident decision-making, because identifying the right injury at the right time can change a child's outcome.

WEB, NEWS, OR EMAIL BLURB

Use this blurb to explain PEAK: Blunt Head Trauma

Each year, approximately 640,000 children 14 and under are evaluated in U.S. emergency departments for traumatic brain injury (TBI) and nearly 18,000 require hospitalization. Blunt head injuries in children present unique challenges that demand consistent, pediatric-specific approaches to assessment and management. Subtle or evolving symptoms, especially in infants and young children, can delay recognition and contribute to inconsistent care across EMS and ED settings. As one example, more than 30% of children with head trauma undergo CT imaging, even though only a small percentage have intracranial injury or require neurosurgical intervention. Pediatric Education and Advocacy Kit (PEAK): Blunt Head Trauma was developed to equip care teams with practical tools, including a Pediatric TBI Resuscitation Algorithm to support assessment, imaging, and disposition decision-making, and a dedicated EMS TBI Algorithm to guide prehospital care. View the resources [here](#).

SOCIAL MEDIA POSTS

These posts are ready to share and highlight PEAK: Blunt Head Trauma

Post 1 – Awareness

- @emscimprovement has launched a Pediatric Education and Advocacy Kit with free, interactive resources (including guidelines, modules, podcasts & more) for managing pediatric head trauma in emergency settings! Check it out: <https://bit.ly/3MAQKDV> #PEAKBluntHeadTrauma
- Accompanying Graphic: [Just launched](#)

Post 2– Stats

- Pediatric TBI is common—and complex. Each year, ~640,000 children ≤14 are evaluated in U.S. EDs for TBI, and nearly 18,000 are hospitalized. These injuries are easy to miss. Check out resources available to help: <https://bit.ly/3MAQKDV> #PEAKBluntHeadTrauma
- Accompanying Graphic: [Subtle signs. Serious impact.](#)

Post 3- EMS-focused post

- Pediatric TBI can be hard to spot in the field: many children with serious brain injury never lose consciousness, and infants may show only irritability or vomiting. PEAK: Blunt Head Injury supports EMS in making evidence-based assessments. Learn more: <https://bit.ly/3MAQKDV> #PEAKBluntHeadInjury
- Accompanying Graphic: [EMS matters](#)



Thank you for sharing EMSC PECC modules with your networks and helping to improve pediatric emergency care.

For more information, please visit emscimprovement.center. If you have any questions, please email km@emscimprovement.center

The Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS) provided financial support for this and other educational works. The award totaled \$2.5M with 10% of this total used to support this and other educational works. The contents are those of the author. They may not reflect the policies of HRSA, HHS, or the U.S. Government.