**Purpose:** To define criteria to determine by which service scalp wounds should be repaired.

**Background:** In pediatric patients, large scalp wounds/lacerations can be repaired more safely in the setting of the OR rather than the EC. Sedation can be optimized allowing for thorough wound irrigation with better control of the cervical spine. Repair should take place in a timely manner (immediately if bleeding, within 12 hours if inclusion criteria are met) as scalp wounds can be a source of extensive blood loss.

**Inclusion Criteria:** Scalp wounds are to be repaired by pediatric surgery if the following criteria are met:

- The wound is > 10 cm. long
- The injury is a degloving type wound
- There is gross contamination of the wound
- The laceration requires complex closure

**Other Criteria:** Scalp wounds should be repaired by other specialty services if the following criteria are met:

- OMFS, ENT, or Plastic Surgery if there is extension of the scalp wound to the face, ear/periaural region, or if flap or advanced tissue coverage would be required for closure
- Neurosurgery if a depressed fx is present that will require neurosurgery treatment

If a delay is anticipated in going to the OR, then the wound dressing should be redone and the area packed off with new sterile saline soaked dressings and another head wrap applied.

**NOTE:** ALL HEAD WRAPS SHOULD BE REMOVED BY MEDICAL PERSONNEL ON ARRIVAL TO DETERMINE THE EXTENT OF THE INJURY. RELIANCE ON THE TYPE
OF WOUND FROM FIELD PERSONNEL SHOULD BE VERIFIED BY DIRECT INSPECTION AT THE RECEIVING CENTER.