

SKULL FRACTURES



Open Skull Fractures

Open fractures communicate with the skin through a wound, a sinus, the ear, or the oropharynx, and have a high risk of causing infection.

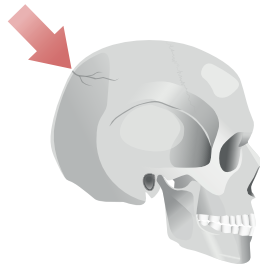
Closed Skull Fractures

Occur when fractures do not break or penetrate the skin. If depressed, may cause diffuse and extensive edema and brain injury. These injuries may heal without intervention, but may cause significant edema and neurological changes if depressed.

Both types of injuries may be linear or comminuted fractures.

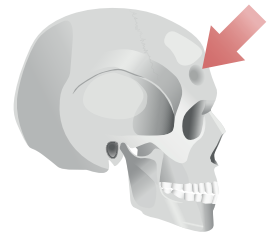
Linear Skull Fractures

- Most common type
- Break in the bone, but it does not move the bone
- Usually no intervention necessary beyond observation



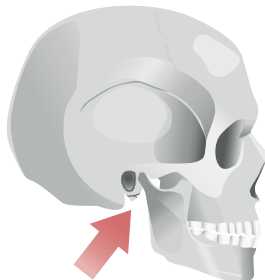
Depressed Skull Fractures

- Bone pressed into the dura
- Often requires surgical elevation of bone, debridement, repair of dura



Basilar Skull Fractures

- Most serious type of skull fracture
- Involves a break in the bone at the base of the skull

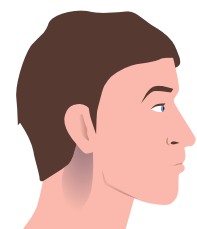


Signs of basilar skull fractures:



Raccoon eyes

Late sign of anterior fossa fracture



Battle sign

Delayed sign of middle fossa fracture

- Rhinorrhea
- Bloody or clear ear drainage

Nursing Interventions for Skull Fractures

- Monitor for CSF leaks.
- Frequent neuro checks
- Notify MD of abnormal vital signs.
- If a basilar skull fracture is suspected, instruct patient to not blow nose and insertion of a nasogastric tube is contraindicated.

NOTES

