



3100 23rd St. Suite T. Columbus, NE 68601 Phone: 402-562-5400 www.columbusurgentcare.org

HEAD INJURIES

Head injuries occur commonly in childhood and adolescence. Most head injuries are mild and not associated with brain injury or long-term complications. Very rarely, children with more significant injuries may develop serious complications (eg, brain injury or bleeding around the brain).

HEAD INJURY SYMPTOMS

A child's behavior and symptoms after a head injury depend upon the type and extent of the injury. The most common signs and symptoms include:

- **Scalp swelling** – Scalp swelling is common because there are many blood vessels in the scalp. If the skin is not broken, it is common to develop a large lump from bleeding or swelling under the skin.
- **Loss of consciousness** – Only about 5 percent of children/adolescents with a mild head injury pass out (lose consciousness), usually just for a brief period (less than one minute).
- **Headache** – Headache occurs in about 45 percent of children/adolescents after head injury. In children who are too young to speak, irritability may be an indication of headache or other discomfort.
- **Vomiting** – Approximately 10 percent of children/adolescents have at least one episode of vomiting after a head injury. Children who vomit after a head injury do not necessarily have a serious brain injury.
- **Seizures** – Less than one percent of children/adolescents have a seizure immediately after a head injury. A few of these children have a serious head injury. A CT scan of the head is usually recommended in this situation.
- **Concussion** – The term concussion is used to describe a mild form of traumatic brain injury. Common symptoms of a concussion include confusion, amnesia (not being able to remember events around the time of the injury), headache, vomiting, and dizziness. Loss of consciousness may occur but is uncommon, occurring in about 10 percent of young athletes with concussions.

INJURY TREATMENT AT HOME

If the patient's injury is mild and there are no worrisome signs or symptoms, he or she can be treated and monitored at home. However, if there is any evidence that the injury is more serious, the patient should be evaluated in their doctor's office or an emergency department.

Rest — Encourage the child to lie down or choose a quiet activity. Allow the child to sleep if desired. It is not dangerous to sleep after a minor head injury (especially if it is nap time), although the parent should monitor the child.

A mild headache, nausea, and dizziness are common, especially during the first few hours after the injury. If the child is nauseous or has vomited, try offering clear liquids (eg, soda, clear juice, gelatin).

Bleeding — If the head is bleeding, clean the area with soap and water and apply pressure to the area with a clean cloth (sterile gauze, if available). Bleeding should stop within 10 minutes. If bleeding does not stop or the cut is large, the child should be evaluated to determine if stitches are needed.

Swelling — Swelling (a large lump or "goose egg") is also common after a head injury. To reduce swelling, an ice or a cold pack can be applied to the area for 20 minutes. Swelling usually begins to improve within a few hours, but may take one week to completely resolve.

Pain — Acetaminophen (eg, Tylenol®) may be given for a headache. If the child's headache is severe or worsens, the child should be evaluated by a healthcare provider.



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MONITORING AFTER A HEAD INJURY

Parents of a child with a head injury are usually instructed to observe their child at home for signs of worsening injury. The parent(s) should call the pediatrician and/or take the child to the emergency department immediately if the child does any of the following:

- Vomits twice or continues to vomit four to six hours after the injury
- Develops a severe or worsening headache
- Becomes more and more drowsy or is hard to awaken
- Is confused or not acting normally
- Has a hard time walking, talking, or seeing
- Develops a stiff neck
- Has a seizure (convulsion) or any abnormal movements or behaviors that worry you
- Cannot stop crying or looks sicker
- Has weakness or numbness involving any part of the body

Waking from sleep — It is not usually necessary to wake the child/adolescent from sleep after a minor head injury. If the healthcare provider recommends waking the child, he or she should be able to wake up and recognize his or her surroundings and parent/caretaker.

Follow-up visit — Most healthcare providers recommend a follow up visit or phone call within 24 hours after the injury. This is to ensure that the child is behaving normally, feeling well, and that there are no signs of brain injury.

Return to play — Children and adolescents who have sustained a concussion are at risk for a serious or even fatal complication if they have a second head injury within a short time after the first injury. This is called second impact syndrome.

Any child/adolescent who is suspected of having a concussion should be removed from play (eg, if playing a team sport) and monitored for signs of brain injury. The child should follow up with a physician before returning to play.