

## Head injury – General Advice

It is common for children to bang or bump their head. In Dublin, the Paediatric Emergency Departments see up to 7000 head injuries a year. Approximately 3% of children under 5 years present each year. Fortunately, most are not serious. It can be difficult to tell if a head injury is serious. If your child injures their head from a car accident, falls from something high (considered twice their height), passes out or is confused/not making sense they should come to hospital. Do not delay. If they are not responding to you or having a fit call an ambulance. Do not move a child who may have injured their neck, the ambulance team will safely do this. A child who has injured their neck will hold it in the safest position themselves.

Generally, a child who cries appropriately from an injury and continues to play does not need medical attention but should have proper adult supervision for 24hours.

**Minimal Head Injury-** These are head injuries that afterwards the child seems fully themselves.

**Mild Head Injury-** These are head injuries that cause a child to be unwell but not seriously so. These are also called concussions. They can have headaches, dizziness, vomiting, confusion, and balance problems temporarily. It is important to tell these apart from more moderate or severe injuries that require further tests and hospital admission.

**Moderate and Severe Head Injuries** are those where a child is not fully conscious following the injury, and are emergencies. The seriousness may be obvious immediately or they may become unwell in the hours following the injury.

A child with a **Minimal head injury** can be watched at home. Here are the signs to watch for over the next 48hrs.

Here are important signs to watch for in the next 48hrs:

1. Inability to wake your child
2. Extreme drowsiness
3. Any loss of consciousness
4. Headache getting worse that will not go away with paracetamol (calpol) and/or ibuprofen (nurofen)
5. Vomiting - more than one episode.
6. Convulsion/seizure/twitches
7. Blood or clear fluid coming from the nose or ears
8. Dizziness or double vision
9. Confusion, not being able to answer questions they usually can for their age.
10. Difficulty understanding or speaking
11. Loss of balance or problems walking or weakness or any arm or leg.

**If any of these symptoms are present come to the hospital immediately or call an ambulance..**

If your child's behaviour is very different to their normal behaviour, or the pain does not go away, go back to the doctor or to your nearest hospital emergency department.



## Frequently Asked Questions

### **My child didn't lose consciousness, can she still be concussed?**

Yes. In 90% of concussions the person does not lose consciousness.

### **If my child has concussion why won't the doctors do a scan?**

A scan will not diagnose concussion. Scans look for bleeding inside the skull that is pressing on the brain. Blood pressing on the brain needs to be released immediately. Concussion affects the chemical messages in the brain that we cannot see. Concussion is not caused by bleeding so we won't see it in a picture of the brain. There are signs doctors look for that blood is pressing on the brain in the list of important signs. If these signs develop then the doctor may look for a scan to look for bleeding.

### **My teenager has had a mild head injury. I have to go to work tomorrow. Can I leave him at home alone to rest?**

No, a child who has suffered a mild head injury should be under supervision for 48hrs. It is best you organize for someone to watch him, or if that is impossible he should attend school, without partaking in lessons to any great degree. (The school must be aware of the head injury). This is because rarely symptoms from bleeding inside the brain may be delayed.

### **What symptoms should I expect, and not expect?**

Children will have some pain that can be treated with paracetamol (calpol) and/or ibuprofen (nurofen). They should not continue to have vomiting episodes after initial vomit. Children with concussion are often sicker when they watch TV, so it may be better to avoid TV and activities even if your child appears to have just a minimal head injury.

### **Is it ok to let my child sleep after a head injury?**

It is a natural response to injury for the brain to rest. Your child may want to sleep, particularly if it is near nap time. It is ok for them to sleep, once it is clear that they are sleeping and not unconsciousness (i.e. it should be easy to wake them in a usual manner). Sleeping will not make the injury worse or make them become unconscious more easily.

### **My child has hit their head, seems fine but is due a nap?**

This is a common occurrence. It is important to assess how bad the injury was, e.g. was it a fall on the flat or from a height? Are there any other symptoms, like vomiting or confusion? See if your child can answer questions or respond to their favourite toy or snack. They should be 'with it' before you put them down for a nap. Monitor them during their nap that their breathing is normal.

### **Is there a "worse" part of the head to hit?**

The temple is the most vulnerable part of the skull as the bone is thinnest there and close to a blood vessel, so rarely this can be fractured and can cause a bleed.



**What is the “best” part of the head to hit?**

The front of the head is best protected. There is also a great blood supply to the skin here, so often creating the largest bruises and bumps, which makes the injury look worse than it is. Unless the bump or bruise is over 5cm or very squishy, we do not judge based on appearances.

**If there is no lump on the outside there must be a lump on the inside pressing on the brain?**

This is a misconception and not true. A bump is caused by bleeding in the skin or scalp outside the skull bone and not inside the brain. The presence or absence of a lump is less important than how your child appears, and whether they are behaving normally for them. See [important signs](#). A very large lump (over 5cm), or one that is very soft to touch in the middle can be a sign of a fracture.

**Should I ice the area?**

Icing the area may reduce swelling of the soft tissues of the skin and reduce the size (and thus pain) of a lump. It will not affect the performance of the brain. If you do ice a bump ensure not to give “ice-burn” but wrapping the ice or frozen peas in towel.

**Will there be a long-lasting effect?**

Multiple concussions or mild traumatic injuries add up, particularly if they happen within a short period of time when the brain is still healing from the first injury, but simple minimal head injuries where your child is well after do not have any known lasting effect.

**I don't want to give him painkillers in case they mask a problem?**

It is important to give pain relief, and an adequate amount for their age or weight. This will help their symptoms and not interfere with signs that doctors look for in serious head injury.