

AFTER A MILD HEAD INJURY OR CONCUSSION CHILD OR TEEN

EDUCATION FOR PARENTS & CAREGIVERS



ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN

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AFTER A MILD HEAD INJURY OR CONCUSSION

CHILD OR TEEN

Your child/teen, _____, was seen in the Emergency Department for a mild head injury or concussion. A mild head injury or concussion is an injury to the tissues or blood vessels of the brain. Common causes of mild head injuries include: falls, bicycle crashes, motor vehicle crashes, forceful shaking, or sports injuries. A mild head injury/concussion can cause the brain to have trouble working normally for a short time. Your child might have a big lump even if it was a minor injury because there is a large blood supply to the scalp. Your child may have suffered cuts, scrapes, abrasions, broken bones, eye injuries, and headaches. He/she may have been unconscious (“knocked out”) for a short time.

A mild head injury/concussion is common in childhood, and is usually *not* a serious problem. The doctor who examined and treated your child did not find any brain or nerve damage. However, problems can show up later.

You will need to watch your child/teen closely for the next several days and weeks for more serious signs of getting worse.

Please tell the doctors and nurses in the Emergency Department before leaving if you feel you cannot do this.

IMMEDIATELY go back to the Emergency Department or see your doctor if your child/teen shows any of these symptoms:

- Cannot be woken up.
- Faints or gets very sleepy.
- Vomits/throws up more than 2 times and/or has forceful (projectile) vomiting.
- Acts confused (says things that do not make sense, doesn't know who you are).
- Shows drastic changes in behavior or personality (irritable/moody, aggressive, impulsive, sad, etc.).
- Has a very bad headache that is not helped by pain medication.
- Cannot move parts of his/her body.
- Has a seizure (twitching or jerking movement of part(s) of the body; may look stiff).
- Pupils are *not* the same size in both eyes (black part in the center of the eye).
- Has changes in vision (blurred or double vision; appears to have trouble seeing).
- Shows sensitivity/pain to bright lights.
- Has bloody or clear fluid from the nose or ears.
- Shows weakness in the arms and/or legs (has problems with balance/walking/crawling).
- Seems to be getting worse instead of better.

In an Emergency, call _____

After a mild head injury/concussion, your child/teen might:

- Be sleepy. It's OK to let him/her sleep. Your child/teen should be able to wake easily and act normally
 - If he/she acts normally when woken up at night its OK to let him/her go right back to sleep.
- Vomit (throw up) the first few hours after the head injury.
- Have an upset stomach.
- Have mild or moderate headaches; may have a stiff neck
 - Give pain medication (acetaminophen) if your doctor says it is OK to do so.

Read the label for the correct dose for your child/teen.

- Feel dizzy from time to time or have a small loss of balance.
- Be more irritable, cranky or moody.
- Show changes in the way he/she works, performs at school, and plays.
- Show changes in sleeping and eating patterns.
- Temporarily lose the ability to do newly learned skills (for example: times tables).
- Have trouble thinking, remembering things, or have a shorter attention span.

Things to do after you leave the Emergency Department:

Call your child's doctor **tomorrow** to make a follow up appointment within a week.

Wake your child/teen up every _____ hours for the next _____ hours.

Ask your child a few simple questions to make sure he/she is alert (example: What's your name? What's your favorite food?). Look for any changes in alertness, personality, behavior, etc.

Apply Ice: Sometimes the head injury may cause bruising, swelling, or a cut to your child's skin. Your doctor may suggest that you apply ice (or a cold, damp cloth) to decrease the swelling and pain. Start using ice right after the injury and up to 24 - 48 hours afterwards. **Do not** put ice directly on the skin, or for longer than 20 minutes at a time to avoid frostbite.

Insist on Rest: Have your child/teen rest in bed or play quietly for the first 24 hours. Have your child/teen restart normal activities after he/she feels better. **NO COMPUTER GAMES!!**

Return to Sports/Rough Play: **Your child/teen MAY NOT return to playing contact sports (or rough play activities) until your child's doctor examines him/her and says it is safe to return.**

Additional Follow-up Instructions:

*KEEP ALL OF YOUR CHILD'S
APPOINTMENTS*

Your child/teen's medications are:

- Write down all medications your child/teen takes, the amounts, and when and why they are taken.
 - Bring the list of the medications (or the pill bottles) when you visit your doctor. Ask your doctor for more information about the medications.
- Always follow the medication directions your doctor gives you. Call your doctor if you think the medications are not helping or your child is having health problems because of the medicine. **Do not stop giving the medications to your child until you discuss it with your doctor.**
- **Never give aspirin to your child** without first asking your doctor. Giving aspirin may cause a very serious illness called Reye's syndrome. Read medication labels to see if your child's medication contains aspirin.

DO NOT give any other medicines to your child without asking your child's doctor first (including prescriptions, over-the-counter medicines, vitamins, herbs, or food supplements).

At your follow-up visit and afterwards:

- Let your child/teen's teacher, coaches, and after-school care providers know he/she had a head injury.
- Let your doctor know if your child/teen has trouble doing things he/she was able to do before the injury (including schoolwork).
- If your child/teen has new problems with attention, memory, behavior, or school that last more than one month after the injury, talk to your doctor about making an appointment with a Pediatric Rehabilitation doctor.

Prevent future head injuries:

- Have your child/teen wear a properly fitted helmet when using anything on wheels – bicycle, skateboard, scooter, and roller skates.
- Teach your child/teen to safely cross the street. Children should play where it is safe and supervised by a responsible adult.
- Use the proper child passenger restraint (booster seat, seat belt) for the age and size of your child/teen.
- Prevent falls, choking, poisoning, and burns in the home. Check your home for possible dangers and use safety products (for example, wall anchors for furniture/TV to avoid tipping, window guards, smoke detectors, etc.).

It is very important to protect your child/teen from another head injury before he/she has recovered from the 1st one.

Each head injury your child/teen has increases the risk of having serious problems later in life (such as poor coordination, poor concentration, and trouble thinking).

REPEATED HEAD INJURIES CAN BE LIFE THREATENING.

*Your child/teen **must not** do any sports/rough play until your doctor says it is safe to do so.*

“WHEN IN DOUBT, SIT THEM OUT”

For more information about mild head injuries and how to prevent future injuries:

Bicycle Safety Institute
www.helmets.org

Brain Injury Association (BIA)
National Resource Line: (800)-699-6443
www.biausa.org

Brain Injury Association of Illinois
Illinois Resource Line: (312)-726-5699
www.biaill.org

Children's Hospital of Pittsburgh
www.chp.edu/CHP/besafe

Heads Up: Concussion in High School Sports
http://www.cdc.gov/ncipc/tbi/coaches_tool_kit.htm#

Illinois – area car seat installation experts
www.buckleupillinois.org

National Center for Injury Prevention and Control (CDC)
www.cdc.gov/ncipc/tbi/TBI.htm

TIPP Injury Prevention Program (AAP)
www.aap.org/family/tippmain.htm

References:

- Fung, M, Willer, B, Moreland, D, Leddy JJ. A proposal for an evidenced-based emergency department discharge form for mild traumatic brain injury. *Brain Injury*, 2006;20(9):889-894.
- Kamerling SN, Lutz N, Posner JC, Vanore M. Mild traumatic brain injury in children: practice guidelines for emergency department and hospitalized patients. *Pediatr Emerg Care*. 2003;19(6):431-40.
- OSF St. Anthony Medical Center – Emergency Department (Rockford, IL) Discharge Instructions (portion from LOGICARE Corporation)
- Thompson MICROMEDEZ® CareNotes™ System (www.thompsonhc.com)