

AFTER A MILD HEAD INJURY OR CONCUSSION INFANT

EDUCATION FOR PARENTS & CAREGIVERS



ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN

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AFTER A MILD HEAD INJURY OR CONCUSSION

INFANT

Your infant, _____, 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 infant might have a big lump even if it was a minor injury because there is a large blood supply to the scalp. Your infant 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 infancy, and is usually *not* a serious problem. The doctor who examined and treated your infant did not find any brain or nerve damage. However, problems can show up later.

You will need to watch your infant 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 infant shows any of these symptoms:

- Cannot be woken up.
- Faints or gets very sleepy.
- Won't stop crying and/or crying is high pitched.
- Won't nurse or feed.
- Has a bulging soft spot (fontanelle) on his/her head when *not* crying.
- Vomits/throws up more than 2 times and/or has forceful (projectile) vomiting.
- Doesn't recognize you or other familiar caregivers
- Shows drastic changes in behavior or personality (irritable/moody, aggressive, sad, etc.).
- Is in pain 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).
- Shows sensitivity/pain to bright lights; appears to have trouble seeing.
- Has bloody or clear fluid from the nose or ears.
- Shows weakness in the arms and/or legs (can't keep balance, has problems crawling, etc.).
- Seems to be getting worse instead of better.

After a mild he

In an Emergency, call _____

- Be sleepy. It's OK to let him/her sleep. Your infant 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.
- Be more irritable, cranky or moody. May be easily upset and have more temper tantrums.
- Act like he/she has pain in the head or neck
 - Give pain medication (acetaminophen) if your doctor says it is OK to do so.

Read the label for the correct dose for your infant.
- Act dizzy from time to time or have a small loss of balance.
- Show a lack of interest in his/her favorite toys.
- Show changes in sleeping and feeding patterns.
- Have a shorter attention span.

Things to do after you leave the Emergency Department:

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

Wake your infant up every _____ hours for the next _____ hours.

Look for any changes in alertness, personality, behavior, etc.

Apply Ice: Sometimes the head injury may cause bruising, swelling, or a cut to your infant'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 infant play quietly for the first 24 hours. Have your infant restart normal activities after he/she feels better. **NO ROUGH PLAY!!**

Return to Sports/Rough Play: **Your infant MAY NOT return to rough play activities until your infant's doctor examines him/her and says it is safe to do so.**

Additional Follow-up Instructions:

KEEP ALL OF YOUR INFANT'S APPOINTMENTS

Your infant's medications are:

- Write down all medications your infant 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 infant is having health problems because of the medicine. **Do not stop giving the medications to your infant until you discuss it with your doctor.**
- **Never give aspirin to your infant** without first asking your doctor. Giving aspirin may cause a very serious illness called Reye's syndrome. Read medication labels to see if your infant's medication contains aspirin.

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

At your follow-up visit and afterwards:

- Let your infant's caregivers/daycare providers know he/she had a head injury.
- Let your doctor know if your infant has trouble doing things he/she was able to do before the injury.
- If your infant continues to show behavioral or personality changes 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:

- Use the proper infant passenger restraint (car seat or booster seat) for the age and size of your infant.
- Never leave a baby unattended on a raised surface. Even if she/her is strapped to a changing table or in a car seat, she/he can wiggle and fall.
- Prevent falls, choking, poisoning, and burns in the home. Check your home for possible dangers and use safety products (for example, safety gates, cabinet locks, wall anchors for furniture/TV to avoid tipping, window guards, smoke detectors, no baby walkers with wheels, etc.).

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

Each head injury your infant 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 infant **must not** be involved in rough play until your doctor says it is safe to do so.*

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)