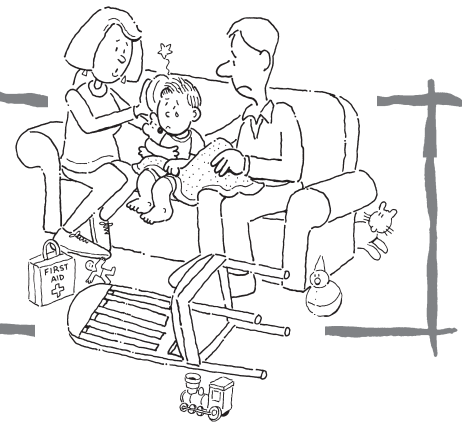


Minor Head Injuries in Children



Almost all children bump their heads every now and then. While these injuries can be upsetting, most head injuries are minor and do not cause serious problems. In very rare cases, problems can occur after a minor bump on the head. This publication was written by the American Academy of Pediatrics to help parents understand the difference between a head injury that needs only a comforting hug and one that requires immediate medical attention.

The information in this publication is intended for children who

- Were well before the injury
- Act normally after the injury
- Have no cuts on the head or face (this is called a *closed head injury*)
- Have no other injuries to the body

The information in this publication is *not* intended for children who

- Are younger than 2 years
- Have possible neck injuries
- Already have nervous system problems, such as seizures or movement disorders
- Have difficulties or delays in their development
- Have bleeding disorders or bruise easily
- Are victims of child abuse

Children with these conditions may have more serious problems after a mild head injury.

Q: What should I do if my child has a head injury but does not lose consciousness?

- A. For anything more than a light bump on the head, you should call your child's doctor. Your child's doctor will want to know when and how the injury happened and how your child is feeling.

If your child is alert and responds to you, the head injury is probably mild and usually no tests or x-rays are needed. Your child may cry from pain or fright, but this should last no longer than 10 minutes. You may need to apply a cold compress for 20 minutes to help the swelling go down and then watch your child closely for a time.

Q: What if there are changes in my child's condition?

- A. If there are any changes in your child's condition, call your child's doctor right away. You may need to bring your child to the doctor's office or directly to the hospital. The following are signs of a more serious injury:
- A constant headache, particularly one that gets worse
 - Slurred speech or confusion
 - Dizziness that does not go away or happens repeatedly
 - Extreme irritability or other abnormal behavior
 - Vomiting more than 2 or 3 times

- Stumbling or difficulty walking
- Oozing blood or watery fluid from the nose or ears
- Difficulty waking up or excessive sleepiness
- Unequal size of the pupils (the dark center part of the eyes)
- Double vision or blurry vision
- Unusual paleness that lasts for more than an hour
- Convulsions (seizures)
- Difficulty recognizing familiar people
- Weakness of arms or legs
- Persistent ringing in the ears

Q: What if my child loses consciousness?

- A. If your child loses consciousness, call 911. Special tests may need to be done as soon as possible to find out how serious the injury is. If the test results are normal, you will need to watch your child closely for a time. Your child's doctor will let you know if this can be done at home or in the hospital. If you take your child home and her condition changes, call your child's doctor right away because more care may be needed.

Q: What kinds of tests may be needed? Where are they done?

- A. A CT (computed tomography) scan is a special type of x-ray that gives a view of the brain and the skull. It is painless. A CT scan is available at almost every hospital.

Q: What is the difference between a head x-ray and CT scan?

- A. **Head x-rays** can show fractures (bone breaks) of the skull, but do not show if there is a brain injury. **CT scans** can show brain injury and may be helpful in deciding the seriousness of the injury. They can even show very minor injuries that may not need treatment.

Q: What happens if the CT scan or head x-ray shows a problem?

- A. More tests will probably be needed, and your child's doctor may want a head injury specialist to examine your child.

Q: What should I do if my child needs to be observed at home?

- A. You or another responsible adult should stay with your child for the first 24 hours and be ready to take your child back to the doctor's office or hospital if there is a problem. Your child may need to be watched carefully for a few days because there could be a delay in signs of a more serious injury.

It is OK for your child to go to sleep. However, your child's doctor may recommend that you check your child every 2 to 3 hours to make sure he moves normally, wakes enough to recognize you, and responds to you.

If medicine is prescribed, follow the directions carefully. Do not give pain medicine, except for acetaminophen, unless your child's doctor says it is OK. Your child's doctor will let you know if your child can eat and drink as usual.

Q: What if my child gets worse while being observed at home?

A. If your child gets worse, call 911. Your child's doctor also may talk with a specialist or admit your child to the hospital for closer observation.

Call your child's doctor or return to the hospital if your child experiences any of the following:

- Vomits more than 2 or 3 times
- Cannot stop crying
- Has a worsening headache
- Looks sicker
- Has a hard time walking, talking, or seeing
- Is confused or not acting normally
- Becomes more and more drowsy, or is hard to wake up
- Seems to have abnormal movements or seizures or any behaviors that worry you

Q: Will my child have any permanent damage from a minor head injury?

A. If your child does well through the observation period, there should be no long-lasting problems. Remember, most head injuries are mild. However, be sure to talk with your child's doctor about any concerns or questions you might have.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

