

Further information

If you need any more information or advice please contact: 111.

Call 111 if you need medical help fast, but it's not life-threatening - for example, if you:

- Think you need to go to the hospital.
- Don't know who to call for medical help.
- Don't have a GP to call.
- Need medical advice or reassurance about what to do next.



when it's less
urgent than 999

For health needs that are urgent, you should call your GP. If a health professional has given you a number to call for a particular condition, you should continue to use that number.

**Birmingham Women's and Children's
NHS Foundation Trust**
Steelhouse Lane Birmingham B4 6NH
Telephone 0121 333 9999
Fax: 0121 333 9998
Website: www.bwc.nhs.uk

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**Birmingham Women's
and Children's**
NHS Foundation Trust

Information leaflet for patients and parents

Minor Head injuries

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Minor Head injuries

Minor head injuries and knocks to the head are very common, particularly in children. Following an injury, if your child is conscious (awake) and looks well it is unusual for there to be any severe damage.

Sometimes a knock to the head can cause damage to a blood vessel, which may bleed next to the brain. This is very uncommon, but can be serious. Symptoms may not develop for some hours, or even days, after a knock to the head. These are symptoms to look out for following a minor head injury.

Do not leave your child at home alone for the first 48 hours after leaving hospital.

What should I look out for after my child's head injury?

See a doctor quickly if any of the following occur after a head injury as these may mean that the damage is more severe than first thought:

- Increasing drowsiness (feeling sleepy) or any period of unconsciousness (for example, problems keeping eyes open)
- Difficulty waking the patient up
- Problems understanding or speaking
- Worsening headache despite painkillers
- Confusion or strange behaviour
- Two or more bouts of vomiting
- Loss of use of part of the body, e.g. weakness in an arm or leg
- Dizziness, loss of balance (problems walking) or convulsions (fitting)
- Any visual problem such as blurring of vision or double vision

- Blood, or clear fluid, leaking from the nose or ear
- Unusual breathing patterns

Drowsiness

After a knock to the head, children will often cry, be distressed and then settle down. It is then quite common for them to want to sleep for a short while. This is normal.

Some parents are afraid to let their children go to sleep if the accident happens just before bedtime. Drowsiness means the child CANNOT be roused. If you have a concern, wake the child up after 1 hour. They may be grumpy about being woken up, but it is reassuring to confirm they are subsequently behaving normally. You can then let them go back to sleep. When asleep, check that they are breathing normally and are sleeping in a normal position.

Headaches

It is normal after a knock to the head to have a mild headache. Sometimes there is also an area of tenderness over bruising or mild swelling of the scalp. Paracetamol or ibuprofen will help to reduce the pain. It is a worsening headache that is of concern and should be seen by a medical professional.

Long-term problems

Most children recover quickly from bumping their head and do not get any long-term problems.

Some children, however, may develop problems in the weeks or months following the accident. If you think things are not quite right, such as continuing poor memory or change in behaviour, then please contact your doctor as soon as possible so that your child can be checked to see if they are recovering properly.

Playing sports

Unless told otherwise by the staff in the Emergency Department, wait until your child has no symptoms for at least one week before they play sports at home or school. This includes football, rugby, bouncing on the trampoline, engaging in any rough play that may injure their head.

Looking after and sharing information about your child

We have a duty of care to help patients and families understand how information about them is kept and shared and we include the following information in all our patient leaflets:

Information is collected about patients relevant to their diagnosis, treatment and care. We store it in written records and electronically on computer. As a necessary part of that care and treatment we may have to share some patient information with other people and organisations who are either responsible or directly involved in the patient's care. This may involve taking the patient's information off site. We may also have to share some information for other purposes; such as research etc. Any information that is shared in this way will not identify the patient unless we have the patient's and parent's/carer's consent. If you have any questions and/or do not want us to share that information with others, please talk to the people looking after your child or contact PALS (Patient Advice and Liaison Service) on 0121 333 8403.