



William J Mesibov MD, FAAP Stuart J Altman MD, FAAP Linda H Jacobs MD, FAAP
575 Underhill Blvd Syosset, NY 11753 A Division of ProHEALTHcare

575 Underhill Boulevard Syosset, New York 11791 516.921.2122 www.kidfixer.com

Head Trauma

Rare is the child who doesn't fall and hit his head, especially toddlers, whose heads seem perfectly positioned for a coffee table collision. Of course, the toddler who falls usually doesn't have very far to go, and therefore most head injuries in little ones are pretty mild. As kids grow and fall from greater heights, head injuries become more significant. Add to this the factors of speed and sports and it's a wonder that more children don't end up in emergency departments getting stitches or being X-rayed.

Because the blood supply to the scalp is so very juicy, an innocent little bump often results in a pretty scary-sized bruise. This rich blood supply also means that a head injury that cuts the skin can be a messy little problem. Fortunately, even these big bruises and scary gashes are usually harmless.

Is it a concussion?

Parents frequently asked, after we've examined a child who's had head trauma, if there was a concussion. Actually, a concussion is not something that a doctor sees when he performs an examination; it's something he hears when he asks a parent or other witnesses what happened. The term concussion means simply that someone has had a head injury and has either lost consciousness or has become temporarily confused.

What to do right away

When a head injury results in a significant break in the skin, then the cut or scrape will need the same treatment as with any other laceration or abrasion: clean with soap and water or peroxide, apply pressure until bleeding stops, apply an antibiotic ointment such as Bacitracin, cover with a Band-Aid or sterile gauze. If there's no significant bleeding, then your concern is to make sure that no injury occurred to that adorable little brain that sits inside your child's adorable little skull.

Make a visit to your doctor (or the E.R.) immediately for any head injury that:

- Results in a loss of consciousness (your child "blacked out")
- Results in vomiting (this can be a sign of increased pressure in the head)
- Makes your child seem "not like himself." If, to your ever-sharpening eye, your child is just not acting like himself, then that's enough to warrant a doctor visit as well. If your child seems groggy, if he isn't walking the way he normally walks, if he seems confused, or if his speech is slurred, it's always better to be safe than sorry. Any pediatrician would rather have a child make an extra visit, to his office or to an emergency room, than find out later that a visit should have been made but wasn't.

Follow-up care

Assuming that your child did not lose consciousness, has not vomited, and is acting OK, what do you do to keep an eye on him?

- Give no medication stronger than Tylenol. You don't want to give something stronger, such as a codeine-containing pain medication, that might make him drowsy, when you're watching his behavior.
- For the first two hours after a blow to the head, give your child only liquids to drink -- no solids. If he does vomit, liquids are less likely to make him choke.
- If your child is due for a nap, keep him up for one hour before the nap. If he's acting OK after that, it's fine to let him nap, but not longer than two hours.
- If your child is due to sleep for the night, again keep him up for an hour. Then, once he does go to sleep, awaken him before you go to sleep, making sure he is alert and responsive. Then let him go back to sleep again. Awaken him once more in three hours to make sure he is easily arousable and responsive. Then let him go back to sleep. If his behavior at these wakings seems not to be typical for him (or at least not typical for his middle-of-the-night behavior), then it's time for a doctor or ER visit again.