Mild head injury and concussion

Patient and family education

This teaching sheet contains general information only. Talk with your child’s doctor or a member of your child’s healthcare team about specific care for your child.

Mild head injury

Head injuries may vary from mild (temporary confusion or passing out) to severe (coma for a longer period of time). They are caused by trauma such as:
- A hard bump or blow on the head
- A sudden harsh movement or jarring of the head

All head injuries, including mild head injuries, should be taken seriously so that your child’s brain can heal completely.

Concussion

A concussion is a type of head injury that most often cannot be found using imaging tests. Some concussions are mild, and most people have a full recovery; others are severe. Early care and monitoring are important to prevent long-term complications.

Symptoms

Common symptoms of concussion can occur right away or awhile after the injury. Symptoms may include one or more of these:
- Headache
- Nausea or vomiting
- Being really tired or drowsy
- Sensitivity to noise and light
- Numbness or tingling anywhere on the body
- Dizziness
- Loss of balance or trouble walking
- Being irritable or more fussy than usual
- Feel more emotional, like very sad or nervous
- Change in sleeping patterns
- Trouble seeing such as double vision, seeing spots or not being able to see at all
- Trouble thinking clearly or having a hard time concentrating and remembering

The first 48 hours

- Watch closely for signs of problems during the first 48 hours after the injury. Follow the doctor’s advice about recovering at home.
- Eat a healthy diet, and drink more clear fluids than normal. Even though your child may not feel like eating, offer small amounts of food and fluids every three to four hours and before bed. Not eating or drinking enough during this time may delay healing.
- Follow the cognitive rest instructions in the treatment section on Page A-5.

When should I call the doctor?

Call your child’s doctor if your child has any new symptoms that your doctor does not already know about, or if:
- Headaches get worse
- Clear drainage from the nose or ear
- Scalp swelling that gets bigger
- A seizure
- Neck pain
- Is hard to wake up
- Vomits more than 2 times in 24 hours
- Acts differently than usual, such as if he does not play, acts fussy or seems confused
- Cannot think clearly or remember things
- Has weakness in the arms or legs or does not move them as usual
- Cannot recognize people or places
- Slurred speech
- Passes out

Also, call if you have any questions or concerns about how your child looks or feels.
**What is the Concussion Program?**

Children’s has a Concussion Program made up of an entire team of specialists to help care for children with concussions. The team works with your child’s doctor to create a treatment plan for your child. Talk with your child’s regular doctor about your child’s need for this program.

The Concussion Program nurse can help you get an appointment and provide you with advice until your child is seen by the concussion team.

- The phone number for the Concussion Program nurse is 404-785-KIDS (5437), option three.
- The nurse is available during normal business hours from Monday to Friday.
- If you call after 3 p.m. or on weekends or holidays, leave a message and the nurse will call you back the next business day.
- The website for the Concussion Program is choa.org/concussion.

**Treatment**

Follow up with your child’s primary care physician for treatment advice and for school excuses, academic accommodations and return to play/PE/recess/sports instructions.

Rest, both cognitive (for the brain) and physical (for the body), is the best treatment. This type of rest can be frustrating and seem long, but is needed to help your child’s brain heal.

Most children with a concussion can rest and get better at home. See the chart on the following pages for more details about your child’s return to school and bookwork and sports and play. Some general guidelines for rest and treatment for your child include:

- Limit physical activities like active play, PE classes and sports. As your child gets better, he will slowly be able to do more.
- Keep surroundings calm and quiet.
- Be sure to keep your child’s doctor appointments, even if he is feeling better. Your doctor can track your child’s recovery and safe return to normal activities.
- Limit thinking activities like reading, school work, electronic games, talking on the phone and watching TV. Limit screen time to no more than two hours a day. This includes TV, video games, computers and cell phones. Stop and rest any time that symptoms get worse.

<table>
<thead>
<tr>
<th>Your child may:</th>
<th>Do NOT let your child:</th>
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<tbody>
<tr>
<td>Read easy books.</td>
<td>Read difficult books or do word puzzles.</td>
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<tr>
<td>Rest in a quiet room without bright lights.</td>
<td>Do things that need focus or a lot of thinking.</td>
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<td>Listen to music at a low volume.</td>
<td>Play loud music.</td>
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<td>Do simple arts and crafts.</td>
<td>Send or read text messages.</td>
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<td>Have short visits with one or two friends.</td>
<td>Have too many visitors.</td>
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<td>Play easy card games and board games that do not need much focus, such as UNO or Go Fish.</td>
<td>Play violent video games.</td>
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<tr>
<td>Play nonviolent video games that do not need physical activity.</td>
<td>Play loud video games with action and flashing lights.</td>
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<td>Use the computer for a short time to check social media sites, such as Facebook.</td>
<td>Use a computer for more than 30 minutes at a time.</td>
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<tr>
<td>Watch TV shows that do not need much focus, such as cartoons or comedies. Watching sports on TV with a small group is OK as long as it is not too noisy or too exciting.</td>
<td>Watch TV shows with action, with loud noise or that need your child to focus.</td>
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