



Neurosurgical Unit

Closed Head Injuries in Children

Discharge information for families/carers

This fact sheet aims to provide you with advice on how to care for your child once you are at home. This fact sheet only gives general information. You must always discuss the individual treatment of your child with an appropriate health professional. Do not rely on this fact sheet alone for information about your child's treatment.

Your child has had a closed head injury; this means that they did not require surgery for their injury. They were admitted to the neurosurgical unit for observation. The doctors are happy that your child is now recovering and is fit to go home. It is very unlikely your child will have any further problems at home. However if he/she should show any of the signs or symptoms listed below please take your child to the nearest Accident & Emergency Department **immediately** for advice.

- some mild headache is normal, however if your child has severe, persistent or worsening headache this should be investigated. Remember, young children may not be able to describe a headache so watch their behaviour. Mild headache resolved by pain killers such as paracetamol is usually acceptable in the first few days following a head injury
- irritable, unusual or confused behaviour (not knowing who or where they are, saying inappropriate things or getting things mixed up)
- any vomiting (being sick)
- drowsiness or unconsciousness. Your child will be tired and want to sleep as normal. Only worry if they seem unduly sleepy or you cannot wake them up. If they seem to be sleeping longer than usual, try to disturb them to check they respond to you appropriately (i.e. pulling up the sheets or cuddling a teddy bear). If you cannot satisfy yourself that your child is sleeping normally, wake them fully to be checked
- watery or bloody fluid coming from your child's nose or ears, altered or reduced hearing to one or both ears.
- problems with the eyes, such as your child seeing double or disliking bright lights
- seizures (fits – collapsing or passing out possibly with shaking of the arms or legs and/or facial twitching) can, very occasionally, occur after a mild head injury
- any other behaviour which appears out of the ordinary for your child. Some examples could be that your child has difficulty understanding or speaking, loss of balance or problems walking, or demonstrates a new weakness in their arms or legs.

In an emergency call 999

Do not delay emergency treatment in order to contact the ward or your GP

For further information

If you need advice or have any worries, please do not hesitate to contact the ward on 0151 282 4492.

Your child will receive an appointment to see the neurosurgical doctor at the hospital within 8 weeks of discharge.

Some extra advice to help your child get well

It is normal for your child to have some mild headache and he/she may also feel sick after a head injury. He/she may also be bad tempered, be tired, have problems sleeping or have a reduced appetite. This is often related to a combination of the head injury and a disruption to your child's normal routine. If you are concerned about any of these symptoms discuss them with your GP or contact the ward.

If these problems do not go away after 2 weeks, it is important that you discuss them with your doctor.

Most patients recover quickly from their accident, experiencing no long term problems. However, some patients only develop problems after a few weeks/months. If you have any concerns that things are not quite right, please contact your doctor as soon as possible.

Following discharge from hospital

- you should ensure there is a telephone and medical help is within easy reach of your home in case of emergency
- make sure your child has plenty of rest
- ensure your child is supervised by an adult at all times until they are back to normal
- your child can return to school when he/she is back to their usual self. It is difficult for us to judge this you know your child best, but as a recommendation, usually a week following discharge is advisable. Check with your GP if you are unsure. Tell your child's school of their admission to hospital
- give your child regular painkillers for the first few days if required, for example: Calpol or Paracetamol tablets. The ward or your GP will provide these. Alternatively ask your local pharmacist for advice. Do not exceed the recommended dosage for your child's age
- sleeping pills, sedatives or tranquillisers should not be given unless they have been specifically prescribed for your child by a doctor
- do not allow your child to play any contact sport (i.e. ball games) until they have seen the neurosurgical doctor in clinic
- if your child had any wounds that required stitching or dressings, please ensure these are seen by a doctor or nurse. When your child is discharged, the nurse will make arrangements for stitch removal/wound review, either back on the ward or via the district Nurse or GP surgery. Stitches usually stay in for 7-10 days. You do not need to keep your child's wounds covered but it is important to keep dirty fingers away! If your child had a cut to the scalp the hair can be washed 3- 4 days after the

stitches were put in; make sure it is rinsed with clean water and patted dry. Do not rub the wound.

The information contained within this leaflet is based on evidence where available and the consensus opinion of the consultant neurosurgeons working with this NHS Trust.

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This information can be made available in other languages and formats if requested.

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