

Head Injury (Inpatient)

Your child has been in the hospital for a head injury and is now ready to go home. For his or her safety, there are many things you will need to do at home.

Signs to Watch For

You need to return to the Emergency Department or call your medical provider if your child has any of these symptoms:

- Repeated or projectile vomiting
- A major change in behavior or personality (confused, impulsive, reckless, aggressive or other abnormal behavior)
- Hard to wake up during the day or quickly falls back to sleep after waking
- Unable to wake up at night
- Headache that does not get better after taking Tylenol®
- Bleeding or clear fluid coming from the nose or ears
- Hearing problems
- Convulsions (seizures or fits)
- Staggering or swaying while walking
- Weakness or dizziness
- Eye changes (cross-eyed, droopy eyelids, trouble using eyes)
- Vision changes (blurred or double vision)
- Numbness or tingling in face, arms or legs
- Loss of consciousness (child does not wake up when you touch and talk to him)
- Your child does not "look right" to you or seems to be getting worse instead of better.

Return to Sports and Activities

When your child may start playing sports again depends on how serious his head injury is. He may not do contact sports, rough play or activities that need balance (bike riding, swimming, tree climbing) until his doctor says it is okay. He also should not drive any motor vehicles, until the doctor says it is okay.

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Return to Sports and Activities, continued

Make an appointment for your child to see a doctor experienced in treating head injuries before he returns to sports. Your child should be symptom-free first. Then he can slowly go back to exercise. He will gradually be able to play contact sports.

To help symptoms improve and prevent them from getting worse, do not let your child watch TV, play video games, or spend time on the computer. Also, he needs to avoid text messaging and listening to loud music or music through headphones.

Encourage your child to rest often and eat a light diet. Try to eat soft foods and foods that are easy to digest. Avoid food and drinks with caffeine, spicy and fried foods, heavy meats and rich desserts for the first 2 to 3 days. It is important to drink enough fluids (8 to 10 glasses or 64 ounces per day).

Even with a mild head injury, it is common to have problems concentrating, sleeping, being irritable and tired. These will go away as the headaches improve.

How to Avoid Future Injuries

- Passenger safety: Use the right child passenger restraints (car seat or booster seat) for age and size of child.
- Sports safety: Your child should be fitted with the right size helmet and pads when doing sports. The right protective equipment should be worn when biking or using a skateboard, scooter, or roller-skates. Protective equipment must always be worn when playing contact sports.
- Street safety: Teach your child to play where it is safe and supervised. Most children can be taught to safely cross the street alone at about 10 years of age.
- Home safety: To prevent falls, choking, poisoning, and burns check your home for possible dangers. Use safety products (safety gates, cabinet locks, windows guards, smoke detectors, railings, and walkers without wheels).

No matter how mild or serious his head injury, it is important for your child to have medical follow-up.

- Tell the doctor if your child is having trouble doing things he was able to do before the head injury (including schoolwork).
- Tell the teacher that your child has had a head injury. Your child's school may be able to make accommodations for homework assignments or exams. This can minimize stressors with return to school.
- If you need a doctor for your child, call the Nationwide Children's Hospital Referral and Information Line at (614) 722-KIDS.