Who should go to their GP?

- If the child doesn’t have any of the signs listed but they or the person looking after them has any worries about the head injury, they should see their GP that same day. Out of hours appointments can be requested through the 111 service.

Other formats:

If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk. For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk

We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.
Staying at home

• It is common for children to cry a lot after the shock of a head injury. They may also respond by initially being still and quiet. (But remain conscious)
• They may want to go to sleep and this is safe to do provided it does not go on for longer than one hour from when they would normally be wide awake and you have no difficulty waking them up.
• Small children often get an ‘egg’ on their head after an injury. Apply an ice-pack and this should rapidly improve. It is not an indication to come to hospital unless there is a boggy (spongy) swelling bigger than 5cm across.
• Give simple pain-killers such as paracetamol syrup for any headache.
• Common injuries that normally don’t need to come to hospital if the child is well are:
  o Trip or a fall whilst running
  o Hitting their head on the corner of a table, cabinet or door.
• If your child has any of the problems listed below then they should be seen.

Signs that the child should be taken to an emergency department

• Any loss of consciousness (being ‘knocked out’) from which the child has now recovered.
• Any problems with memory of events before or after the injury.
• A headache since the injury that won’t go away.
• Any vomiting since the injury.
• Has or has had a problem with uncontrollable bleeding or a blood clotting disorder.
• There is a laceration (cut) to the head that needs to be closed with glue or stitches. Apply pressure with a clean cloth until you arrive in the emergency department.
• Currently taking medicine that may cause bleeding problems (for example, warfarin or aspirin).
• Irritability or altered behaviour such as being easily distracted, not themselves, no concentration, or no interest in things around them (this is particularly important for infants and children under five years old).
• The child is drunk or has taken drugs.
• A suspicion that the injury was caused intentionally by the person or by someone else.

Signs you should call 999 or 111

• Unconsciousness, or lack of full consciousness (for example, problems keeping eyes open).
• Problems understanding, speaking, reading or writing (since the injury).
• Loss of feeling in part of the body (since the injury).
• General drowsiness i.e. slowness to respond.
• Problems balancing or walking (since the injury).
• General weakness (since the injury).
• Any changes in eyesight.
• Any clear fluid running from ears or nose not caused by a cold/hayfever.
• A black eye with no obvious damage around the eye.
• Bleeding from the inside of one or both ears.
• New deafness in one or both ears.
• Unexplained bruising behind one or both ears.
• Any evidence of scalp or skull damage, especially when the skull has been penetrated.
• A forceful blow to the head at speed (for example, a pedestrian hit by a car, a car or bicycle crash, a diving accident, hit by a golf club, cricket or baseball bat, a fall of 3 metres or more).
• A convulsion or fit since the injury.
• A bruise, cut or swelling larger than 5cm if the child is less than 5 years old.
• The child has been shaken by an adult.