

Head Injury in Children

Dr Jo Jones, Blazer editorial, May 2013

As a Paediatrician and a mother of three, I maintain that various injuries throughout childhood are 'badges of honour', not parental failings and, like dirty fingernails, they often mean a 'proper' childhood that does not revolve solely around electronic screens.

Head injuries do sometimes fall into that camp, with the classic blueish-purple, egg-shaped bump on the forehead (gained by a young child of a certain height careering round the kitchen table, or blindly walking into something whilst engrossed in a book) being most common. Those are frequent, very rarely of any consequence, and look much worse than they actually are – the bone at that particular part of the skull is the thickest, 'designed' presumably to offer some measure of protection to small children. Scalps are rich in blood vessels and bleed like crazy, and the swelling comes from very localised bleeding which quickly subsides. If it keeps bleeding despite pressure for 10 minutes, do seek help.

Other head injuries can be much more concerning however, and parents know that some serious injuries can be fatal. How can we as parents work out when to worry and when not to, and are there any old wives' tales that can be put to bed? One old wives tale is that you may not allow a child to go to sleep – not true! Children want to sleep after a shock, and it is fine as long as someone sensible checks on them from time to time.

Also, ask yourself how the injury was sustained. Hard, sharp, fast-moving, heavy objects cause serious injuries, not the usual bump of heads in the play ground or accidental walk into the gate post.

Other symptoms are common, including vomiting (10% of kids will vomit once, often out of shock, and it is recurrent vomiting that alerts a doctor to the possibility of something more serious going on), headache (20% of children will have a headache), loss of consciousness (5% are knocked out by the injury), a seizure/fit (either as a result of the blow to the head or as a result of the emotional trauma - reflex anoxic seizures),

or concussion (a mixture of some of the above with confusion rather than loss of consciousness, dizziness and memory loss of the incident)

Babies around 6 months old or younger need assessment, regardless of their symptoms. If your child has the above 'red light' signs of recurrent vomiting, a worsening or very severe headache (Please look at your child; don't ask them how bad it is!), loss of consciousness or a seizure, or you can see slurred speech or a significantly unsteady walk, they need to be taken to A&E. There, they should be seen by an experienced doctor, who will decide whether they need a CT scan. CT scans do carry a radiation dose so are not 'dished out'.

Most children will not need a scan and will be sent home. Continue to watch your child intermittently at home for the next 24 hours or so. Ask to speak to someone in A&E if you have any concerns and you haven't had a routine call.

Finally, please don't think that a good parent is one who shields their child from any possible harm. It is an unfortunate child who never bumps their knee, head or other extremities and it really is a mark of a good active childhood!