



Centre Medical and Surgical Associates, P.C.

YOUR HEALTH CARE PROVIDER FOR LIFE

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Head Injury

Emergency department and outpatient surveillance systems indicate that falls are the most common injury requiring medical care. Fortunately however, falls are an infrequent cause of childhood death, accounting for approximately 300 deaths per year in the U.S.

The most common type of injury leading to hospitalization is a fall from one level to another, such as from playground equipment, beds, tables and chairs. Baby walkers are a common cause of injuries in young children, in which children in walkers fall down stairs or off porches. Window screens are made to pop out for fire safety reasons, and do not serve as a barrier to prevent children from falling out of windows. Falls resulting in severe or fatal injuries are usually due to falls from second story or higher windows.

When children fall, they commonly hit their head. **You should observe your child carefully during the 48 hours following injury.** There are several signs of trouble which indicate that possible significant head injury has occurred.

On the night following the head injury, or during any nap, it is advisable to awaken your child every three to four hours and look for any of the following danger signs. Call our office immediately if any of these signs develop or if you have any questions.

- 1 **Loss of consciousness** – If your child lost consciousness for even a very brief period of time, he should be examined.
- 2 **Excessive drowsiness** – Your child may well be exhausted by the ordeal surrounding the injury, but he should be easily aroused by methods that you would ordinarily employ to awaken him from a deep sleep.
- 3 **Persistent vomiting** – Children will, in many cases, vomit one or more times following a head injury. Should the vomiting recur more than twice, or should it begin again hours after it has ceased, notify our office.
- 4 **One pupil appearing to be larger than the other.**
- 5 **The child not using either arm or leg**, or being unsteady in his gait.
- 6 **Speech becoming slurred** or the child being apparently unable to talk.
- 7 **Severe headache occurring**, particularly if it increases in severity and is not relieved by Tylenol.
- 8 **Should a child complain of "seeing double"** or should you detect any failure of the eyes to move together appropriately, notify our office.
- 9 **Any bleeding from the ears** or persistent watery drainage from the nose.