



Health & Safety Alert #15-7-05

Head Injuries

Head injuries are a significant cause of accidental injury to individuals with developmental disabilities. Monitoring any injury to the head is important because even what appears to be a minor bump on the head can result in injury to the brain. The neck and spinal cord can also be injured at the same time. This health and safety alert will help you recognize signs and symptoms that indicate the need for an individual to be evaluated by a physician after a fall or direct blow to the head.

Signs and Symptoms of Head (and Brain) Injury

If you see any of the following signs after a head injury, call for immediate medical attention/call 911:

- Loss of consciousness (even if the person appears to be normal after regaining consciousness).
- Change in level of consciousness, unusual drowsiness, or difficult to awaken.
- Head pain or headache, getting worse or not getting better within 4 hours of head injury.
- Individual does not remember head injury event (amnesia).
- Feeling dizzy, falling or staggering, dropping objects, loss of coordination.
- Inability to move any part of body without injury or pain to that part of the body.
- Speaking difficulties including slowing or slurring of speech.
- Blurred or double vision.
- Bleeding from ears or nose, fluid drainage from nose or ears.
- Obvious abnormal behavior, confusion, asking same question repeatedly, restlessness, altered awareness.
- Seizure/convulsion.
- Vomiting (may be projectile) that lasts longer than 15 minutes, or that occurs more than 3 times, or that continues after the initial 2 hours.

Signs of neck (spinal cord) injury include:

- Neck pain or back pain.
- Inability to move any part of body without injury or pain to that part of the body.
- Weakness, tingling, numbness in arm(s) or leg(s).

What to do in case of a head injury:

- First Aid: **A-B-C-D**

- **A = Airway:** Assess, clear and manage airway as taught in your CPR class, being mindful of proper neck (cervical spine) alignment and immobilization.
- **B = Breathing:** Assess and if necessary assist breathing (mouth-to-mask, bag-valve mask, oxygen supplementation).
- **C = Circulation:** Control bleeding with pressure, being mindful of possibility of skull fracture; bleeding not controlled in 15 minutes should be evaluated by a physician.
- **D = Disability:** Assess level of consciousness (alert, responds to talking, shouting, or pain such as pinching arm, or does not respond, is unconscious).
- If your assessment indicates any problem with airway (including neck), breathing, or circulation, call 911 (alert emergency medical services), and get the individual immediate medical attention.
- If the person is unconscious, call 911.
- Remember the potential for a neck injury, which can occur with a head injury, including from a fall from a distance as short as falling out of bed.
 - Unless their airway is blocked, do not move a person until medical personnel (EMS, nurse or physician) have checked for neck (spinal cord) injury.
 - Support their head in a neutral (in-line) position until EMS arrives.
- Watch the individual closely in the 24 hours following a head injury. Every two hours check for level of alertness, lethargy (sleepiness, ability to arouse), confusion, vomiting, unequal pupils.
- Tylenol (acetaminophen) only for pain for 24 hours following a head injury (if ok with physician).

Signs and Symptoms of brain injury that may continue for weeks or months after a head injury should be reported to the individual's physician and include:

- Headache.
- Difficulty sleeping.
- Feeling dizzy.
- Behavior or psychological changes such as irritability, depression, restlessness, problems concentrating, personality change.

For questions or comments regarding the above Alert, please contact the MUI/Registry Unit at (614) 995-3810.