



Mild Head Injury & Concussion Advice

Information for going home

Mild Head Injury

Your child is now well enough to go home from hospital.

This booklet provides advice about caring for your child or teenager after they have had a mild head injury. Mild head injuries are when someone has a simple bump on the head, loss of consciousness or a concussion.

Once you return home you may notice your child has:

- tiredness / fatigue
- changes in sleep patterns
- headaches
- blank looks
- blurred vision
- nausea, vomiting or changes in eating patterns
- clumsiness
- difficulties with concentration, remembering things or finishing an activity
- behaviour changes - be more easily upset, angry or frustrated than usual

As family/whānau and caregivers, you know your child well. If any of the changes above continue for longer than your doctor has told you to expect, worsen or for any reason you become concerned, go immediately to your doctor for advice.

We recommend you visit your Family Doctor or Local Medical Centre to talk with your doctor about your child's mild head injury within a week of returning home from hospital.

**For urgent attention go directly to
Children's Emergency Department Starship Hospital
or
Dial 111 for Ambulance Services**

What is concussion?

Concussion is another name for a brain injury. Concussion is caused by a bump or blow to the head. A mild head injury may, or may not be a concussion. Concussion is simply the name given to specific changes to how the brain normally functions.

Most people who have a concussion or mild head injury completely recover.

Fatigue (tiredness) is one of the main symptoms people experience after concussion or mild head injury. Tiredness from a concussion or mild head injury can last weeks or even months. Everyone is different.

Children and teenagers who return to school, play or sports too soon after having a concussion or mild head injury are at risk of having further injury while their brain is still healing.

A second or later concussion that happens too soon after the first concussion or head injury can result in much more serious brain injury.

Concussion and head injuries can be prevented. When your child or teenager practices their sport and plays their games they must follow the coach's rules for safety; use protective equipment such as helmets and mouth guards that fit well; and practice good sportsmanship.

Returning to normal activities

Recovery takes time and patience. Everyone is different.

Sometimes children are better in a few days, sometimes it takes several weeks, or even months before your child or teenager can return back to their usual activities. Returning to playing contact sport may take longer.

It is important your child does not have another concussion or head injury while they are returning to their normal activities. Avoid rough contact sport and games for about 6 to 8 weeks, as advised by your doctor.

Take care your child does not do the following activities until they are fully recovered:

- Rough and tumble play
- Climbing high up onto playground equipment
- Bouncing on trampolines
- Skateboarding, rollerblading, roller skating
- Contact sports – such as rugby, hockey, rugby league, soccer, netball, gymnastics, diving, surfing, horse riding.

Refer to the Return to Sport section at the end of this booklet for more information.

Paracetamol

If your baby or child is irritable or has pain unrelated to their head injury they may need mild pain relief. Always give paracetamol strictly according to your doctor's advice and carefully read the instructions on the bottle.

If irritability or pain continues after the first dose contact your doctor.

Watching television and playing on computers

When your child or teenager first comes home from hospital you need to limit the time they watch TV or play computer games.

Watching television or looking at a computer screen for long periods of time may give your child / teenager a headache or make a mild headache worse, or increase their tiredness.

Try half an hour of watching television, DVDs or playing on the computer, followed by half an hour of rest.

Helmets for bikes, rollerblading, skateboarding, scooters and skiing

Avoid bike riding, roller blading, skateboarding, using a scooter or skiing for three weeks or until your child or teenager can balance safely.

New Zealand law requires all cyclists to wear a bike helmet at all times when riding on the road. We strongly recommend wearing a helmet at all times, whether you are riding your bike on or off the road.

We also strongly recommend wearing a correctly fitting helmet and safety gear when skateboarding, rollerblading, roller-skating, using scooters and skiing.

Children aged 0-2 years

Try to avoid tiring or over exciting your baby or toddler when they first come home.

Your baby or toddler's usual sleeping pattern may become disturbed, they may wake during the night, or need extra sleep and sleep longer than usual.

He/she may become more grizzly or clingy and you may find it more difficult to soothe them. You may need to use different settling methods, such as very gentle massage or singing.

He/she may tire more quickly during feeding. They may need more frequent feeds than usual and toddlers may eat little and often.

Toddlers could be more tired than usual and may have more difficulty knowing when they are tired. You may need to structure their day with more rests or quiet times.

If your toddler is unsteady on his or her feet keep them away from stairs or from climbing up onto furniture or high places. Supervise them closely at all times.

This recovery time can be stressful for you and other family/whānau involved in your baby's or toddler's care.

Ask for help and support from your family, whānau and friends while your child is getting better.

Children aged 2-5 years

Your preschooler may need extra rest times and may go back to wanting a morning or afternoon rest.

Find quiet activities for your child during the day; for example playing with simple puzzles, listening to stories or gentle/slow music.

Try limiting television or playing on the computer to half an hour, followed by at least half an hour of rest.

If your child becomes over-excited or over-tired while they are playing, use simple calming down activities such as cuddling, or reading them a story.

Keep your child home from pre-school until symptoms have resolved and your child is back to their usual self.

Talk with your child's preschool teachers about your child's injury so that his or her programme can be changed if needed. Continue to watch your child's progress. At first your child may be too tired to complete a full pre-school session. It may be better to start with half sessions.

We advise you do not let your child climb up onto high playground equipment while they are recovering.

You may notice unusual or new behaviour patterns that seem related to the injury. Ask for advice if you are in any way concerned.

Children aged 5-12 years

Rest will help your child's recovery. This can be achieved with introducing rest times, quiet times, and regular or earlier than usual bed times.

You may notice your child is having trouble with their balance and /or co-ordination, concentration or memory. They may have difficulties playing or completing their school work. These changes should get better as your child recovers and your child should be able to resume their usual routine.

Keep your child home from school until symptoms have resolved and your child is back to their usual self (usually two to three weeks).

Continue to watch your child's progress. At first your child may be too tired to complete a full day at school. It may be better to start with them attending half days.

Talk with your child's teacher or school's nurse about the injury so that his or her school programme can be changed if needed and they can receive additional support, or have a rest time during the school day.

Restrict your child's involvement in contact sports and playground activities. To maintain their skills and social contacts children are usually able to return to supervised 'non contact' practice after two to four weeks or as advised by your doctor.

Refer to the Return to Sport Guideline at the end of this leaflet for more information.

Teenagers

After having a mild brain injury or concussion your teenager may notice they have difficulties playing or completing school work. Some people have trouble with balance and co-ordination, or concentration and memory.

Behaviour and / or some personality changes may occur in the short term. It is important to be understanding and supportive. Seek advice from your family doctor if you or your teenager becomes concerned.

Rest is important and will help recovery. Teenagers may need support to include a time to rest during their day.

Alcoholic drinks and / or drugs (even in small amounts) can make head injury symptoms worse and should be avoided.

Inform your teenager's form teacher, or the school nurse, of the injury and any precautions needed. If your teenager has difficulty coping with a full day at school when they first return, they may benefit from a shorter day or rest period during the day.

It may be useful for your son's or daughter's friends to know what has happened and to discuss how they can help. Be sure to include your teenager in this conversation.

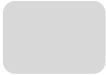
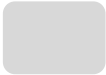
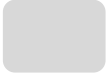



Avoid rough sports or contact games for at least four to six weeks or as advised by your doctor.

Refer to the Return to Sport Guideline at the end of this leaflet for more information.

Return to Sport Guideline

When your child has had a mild brain injury or concussion their return to sports activities will be guided by your doctor. It is important to inform your child's school teacher and sports coach so they can plan how to gradually return to playing sports over the next four to eight weeks.

If symptoms return, you should see your doctor before progressing to the next stage.

	Stages	Exercise	Goal
	1. No activity	Complete rest	Recovery
	2. Light aerobic exercise	Walking, swimming, or stationary cycling; No resistance training	Increase heart rate
	3. Sport-specific exercise	Running drills; No head impact activities	Increase movement
	4. Non-contact training drills	Passing drills in football (soccer) and other ball games	Exercise and coordination
	5. Full-contact practice	Take part in normal training	Restore confidence and function assessed by coaching staff
	6. Return to play	Normal game play	

Individual Instructions:

**For urgent attention go directly to
Children's Emergency Department Starship Hospital
or
Dial 111 for Ambulance Services**

For non urgent advice call your family doctor or:
Paediatric Neurosurgical Ward (09) 307 4949 ext 22333
Occupational Therapy Department (Weekdays 9am - 4pm)
(09) 307 4949 ext 25967