

# Mild brain injuries

## Call your doctor if . . .

If your child shows one or more of the following symptoms call your doctor.

- Your child is abnormally drowsy or difficult to awake



- Your child is unable to stay awake
- Your child vomits more than 3 times in 2 days
- Vomiting continues more than 2 days
- Headache gets worse despite pain medication, lasts more than one day, or is so severe that it affects activity level
- Blood or clear fluid comes from your child's nose or ears
- Your child has trouble walking, using his arms, or is more clumsy
- Your child has trouble seeing or has blurred vision
- Your child has dizziness, confusion or passes out
- Your child is more irritable or has other behavior changes that last more than 3 days
- Your child is bothered by noise or light
- Your child has seizures or convulsions

**M**ild brain injuries (concussions) are physical injuries to the brain. They are common in childhood and may be the result of a fall or a blow to the head. A mild brain injury might also happen if the head hits an object, like in a car or bicycle accident. There may be a brief loss of consciousness (your child passes out) or a dazed/confused feeling.

Most children do not have serious problems after a mild brain injury, but should be seen by a doctor. Your child may need to stay in the hospital for one day (24 hours) for observation. You should watch him carefully at home for the next 48-72 hours so you can tell if the symptoms are getting worse. Encourage quiet activities and rest periods during this time. Offer liquids and simple foods (crackers, toast, soup).

## What to do for mild headache

Headache is common after brain injury. If your child complains of a headache, give him acetaminophen (Tylenol<sup>®</sup>, Panadol<sup>®</sup>, Temptra<sup>®</sup>) every 4-6 hours or ibuprofen (Motrin<sup>®</sup>, Advil<sup>®</sup>) every 6 hours for pain. Often the pain with a headache is mild. Your child's behavior or activity level should not change due to the headache. Provide quiet activities for your child during the next 1-2 days.

## What to tell your child's teacher

When your child returns to school, preschool, or daycare, inform the teacher and the school nurse that your child was seen by a doctor for a mild brain injury. Please share this brochure with your child's teacher. Teachers and daycare staff monitor your child's performance and are often the first to notice changes. If your child was seen at the hospital, the nurse may give you a form to give to school personnel. This will say that your child has been treated for a mild brain injury and suggest activity restrictions to keep him safe.



## Tips to keep your child safe

To increase your child's safety :

- Keep your child from doing activities that might cause another brain injury (contact sports, bike riding, etc.) until he is back to his usual self.
- Have your child wear a helmet every time he rides or uses bicycles, motorcycles, roller blades/skates, skate boards, horses, scooters, ATV's, snow boards, snowmobiles or downhill skis.
- As always, whenever in the car, use seatbelts and child safety seats that are correctly installed and designed for your child's age and size.
- Ask your child's doctor or nurse for safety suggestions specific to your child.

## Possible longer-lasting effects of a brain injury

Signs and symptoms such as those described below may occur several weeks after a brain injury.

### Physical changes

- tired all the time
- continuing headache
- dizziness
- bothered by light and noise
- sleep changes (can't sleep, nightmares, etc.)

### Behavior or personality changes

- easily frustrated
- easily upset or angered
- anxious/moody
- withdrawn or isolated
- impulsive/bold (saying or doing things he did not before), causing you to have concern for his safety
- does not tolerate daily routine (cannot go to school all day, sleeps early or late, gets upset with daily activities)

### Cognitive (thinking) changes

- Less attention and concentration: trouble paying attention to someone who is talking, changing from one topic to another, trouble staying on task or completing a task.
- Memory difficulties: unable to organize and remember information—may get lost, forget names, miss instructions, and/or have trouble learning new information.
- Problems with judgment, problem solving and considering others' ideas.

- Less endurance: tires more quickly, takes longer to understand information, reacts less quickly, and is easily overwhelmed with even small amounts of information.

Many children with mild brain injuries may seem cognitively okay because they can perform previously learned skills. They can also



recall previously learned information. Families and professionals should be careful not to misunderstand this. It may be best to evaluate your child's cognition by his ability to learn new skills or solve new problems.

**Note: How can you tell symptoms in infants and young children?** Infants and young children may not have the energy or thinking ability to play or to learn following a mild brain injury. They may not understand the changes or the limits placed on them. They may have trouble turn taking, and may not be able to find words to ask for toys or other items. They may not be able to follow directions, complete activities, remember information, or get along with other children.

## **Call your family doctor and a rehabilitation physician if . . .**

**. . .you notice any of these longer-lasting effects in your child.**

Your child may need to be seen by rehabilitation professionals. Tests will help assess concentration, memory, judgment, and other brain functions. Information learned from these professionals can also be shared with teachers and school therapists

### **What next?**

#### **Issues for school-aged children and teens**

Children and teens may be frustrated and/or perform poorly at school after a brain injury. Your child or teenager may have more school absences, trouble concentrating, problems learning new information, or often feel tired.

Children and teens that have had mild brain injuries often go back to school without the school personnel even knowing of the injuries. This can lead to problems. Your child may not know what is wrong, and teachers do not always understand that changes in behavior and school performance may be a result of the brain injury.

Adjustments in schooling can be made for students who have had mild brain injuries. These may include changes in the daily school schedule, trying different teaching approaches or providing external aids such as daily planners to help them stay organized.

#### **Issues for infants and young children**

Because many skills develop quickly during the first 3 years, infants and young children may

be seriously affected by mild brain injury. Long-term follow-up of children with mild brain injury is important. Young children may not show effects of brain injury until older ages, when thinking and learning problems may arise as children face the demands of school. If any of the “late” problems occur, discuss them with your doctor or contact a rehabilitation professional.

Infants and young children under the age of three with mild brain injuries can receive community-based services from state early-intervention programs. Children 3-5 years of age may receive services from local school districts.

Rehabilitation professionals can help you contact obtain these services for your child.

### **For more information . . .**

The Rehabilitation Department  
Primary Children’s Medical Center  
100 North Medical Drive  
Salt Lake City, Utah 84113  
(801) 588-3069 or  
(801) 588-3055

Brain Injury Association of Utah, Inc.  
1800 S. West Temple #203  
Salt Lake City, Utah 84115  
(801) 484-2240  
[www.biau.org](http://www.biau.org)

Brain Injury Association, Inc.  
105 N. Alfred Street  
Alexandria, Virginia 22314  
(703) 236-6000  
[www.biausa.org](http://www.biausa.org)

Your child’s school or school district office also has information. Each Utah school district has a brain injury team available if you have questions or concerns.



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