INTRODUCTION

Head injury (also called traumatic brain injury) is most common in teenagers and young adults. The most common cause is motor vehicle collision, and falls are another frequent cause. Alcohol or drug use is a significant factor in many head injuries.

The risk of head injuries can be decreased by use of protective headgear when rollerblading, cycling, baseball, boxing, and football. Wearing a seatbelt in a motor vehicle is also important.

It is essential to seek help from a medical professional after you receive an injury or blow to the head. The effects of a head injury can be determined only after you receive careful examination and observation both in a medical setting and at home. Any head trauma has the potential to be dangerous, whether or not you lose consciousness. Also, the presence or absence of swelling at the site of your head injury has no bearing on its seriousness. Some complications may develop hours, days, or even weeks after the initial injury. These complications are very rare, but can be life threatening.

You will be called within 24-48 hours for a report of your condition.

GENERAL INSTRUCTIONS

- Follow your physician’s guidelines for return to activity.
- Take only plain acetaminophen (Tylenol, Datril, Panadol) for headache or pain.
- Do not take aspirin or ibuprofen.
- Do not take sedatives, painkillers or drink alcohol of any kind.

MONITORING YOUR CONDITION FOR IMPORTANT SIGNS AND SYMPTOMS

The following information will help you and a support person monitor your condition. The support person should stay with you for at least 24 hours. It is important that you both understand what to watch for, and know when and where to obtain help. Monitoring during the first 24 hours following injury is the most critical; however, you may need to continue for several days. Your health care provider will give you specific instructions about how long to continue the monitoring.

During the first 24 hours, you should have your support person wake you every hour and check with you about the following items:

- Ask you the date, time and place
- Ask your name and the name of the support person
- Notice if you are exhibiting any unusual behaviors or actions
- Notice if your walking or arm movements are clumsy

You and/or your support person should report any of the following symptoms:

- Unusual sleepiness or difficulty awakening
- Convulsions (seizures)
- Mental confusion or strange behavior
- Amnesia or short-term memory loss
- Vomiting that continues and/or worsens
- Restlessness or agitation that continues or worsens
- Stiff neck
- Unequal pupils or peculiar eye movements (see Figure 1)
- Visual changes
- Changes in speech, or perseverating (repeating the same word(s) over and over)
- Inability to move arms and legs equally on both sides, or weakness or loss of feeling in arm or leg
- Clear or bloody drainage from the ears or nose
- Raccoon eyes (resembles a black eye) or Battle Sign (dark spots behind the ear(s)).
- Difficulty breathing, or unusual breathing pattern

![Figure 1]
- A worsening headache that is not relieved by acetaminophen (Tylenol, etc.)
- A temperature above 100°F
- Slow or rapid pulse
- Loss of bowel or bladder control

**WHAT TO DO FOR SEVERE OR WORSENING SYMPTOMS**

Symptoms such as those listed above may indicate a severe or rapidly deteriorating condition, which could result in permanent disability or death. Immediately seek medical attention or advice from any of these sources:

**Emergency Ambulance Service** 9 - 911 (campus phones) 911 (off-campus phones)

**Carle Foundation Hospital Emergency Department Telephone** 383-3313

**Provena Covenant Medical Center Emergency Department Telephone** 337-2131

**WHAT TO DO FOR MILD SYMPTOMS**

For symptoms that are mild and are not worsening (e.g., headache pain eased or relieved by acetaminophen, nausea without vomiting, mild loss of appetite), you may call: Dial-A-Nurse at 333-2700.

**References**  
UpToDate web site (online subscription), www.uptodate.com, search for concussion or mild traumatic brain injury.