

Head Injury

What to expect in the Emergency Department (ED)

This information is provided by:



You have been given this information as your child has been assessed for a head injury by the nurse at the triage desk. This handout will provide a brief overview of what to expect during your visit and information on head injuries.



Waiting room

Follow advice provided by the triage nurse and rest in the waiting room. Reassure your child and let staff know if there are any changes to their behaviour. Patients are seen in order based on how urgently their condition needs treatment.



Observation assessment

Doctors or nurses may repeatedly assess your child and their behaviour while in the waiting room. You may not be aware of this ongoing observation as this assessment may be brief and from afar.

You or your child may be asked the same question several times by different doctors and nurses - this is normal and aims to assess change in the child.



When to ask for help

If you feel your child's condition has changed, symptoms are getting worse or pain has increased while you are waiting, let the triage or waiting room nurse know.

You can ask for pain relief if you think your child needs it.



Things we would like to know

- What happened to make you come to the ED?
- When did it happen? How long ago?
- What was your child's behaviour like immediately after the incident? Did they lose consciousness (which is when they won't respond to you at all, even for a few seconds)? If they did lose consciousness, for how long?
- Has your child vomited since the incident? If so how many times have they vomited?
- Does your child have a headache?
- Has your child had a head injury before?
- Has your child taken any pain medication since the incident?
- Has your child eaten since the incident? If a younger child, can they tolerate their feeds?

Symptoms to look out for:

help

- Loss of consciousness
- Drowsiness, fatigue, difficult to wake, flat or floppy*
- Persistent vomiting
- Fits/seizures/twitching/convulsions
- Severe headache or headache getting worse
- Blurred or double vision
- Weakness/numbness in arms and/or legs
- Slurred speech
- Changes in your child's behaviour. E.g. confusion, irritability, continuous crying or inconsolable*

*Additional criteria for younger children or babies

Head Injury

Head injuries are a common reason for children to present to the ED. Depending on the severity of the head injury further investigations may be needed.

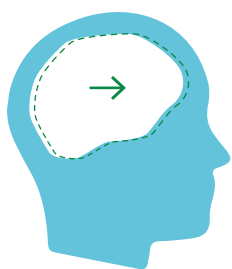
Most head injuries are mild, and children can usually be sent home to be cared for and observed at home once the doctor or nurse has assessed them.

Please
turn over

Computer Tomography (CT) scans are often not necessary

It is often more helpful to assess a child's behaviour by observation over time to determine what is happening in the brain rather than using a CT scan. A CT scan of the head is the test usually ordered if a more serious brain injury is suspected. **Most children with head injuries do not have serious injuries and simple concussions do not show up on a CT scan.**

A CT scan uses a series of X-rays to create images of the brain and skull. X-rays are a form of radiation which increases the risk of cancer over a patient's lifetime. Risks from radiation exposure add up, so it is best to avoid unnecessary scans when possible.



Concussion

Brain movement within the skull. Recovery is almost always complete and cannot be seen on a CT scan.



Bleeding around the brain

Bleeding in or around the brain. May require medical intervention or surgery.



Questions for your doctor or nurse

This assessment time is also an opportunity for you to ask questions of the doctor or nurse. Note some of your questions here or on your phone.

For example:

What are your main worries or concerns?

Does your child have any particular worries or concerns?

What questions do you want answered before you leave?



For more information on concussion, head injury and CT scans:

Scan this QR code or visit www.concussionessentials.com.au/aboutconcussion



Frequently asked questions (FAQs)

Why is another patient seen before me or my child when we arrived before them?

Everyone in the Emergency Department who needs care will be seen. However, the more seriously ill and critically injured will always be seen first. This is regardless of when they arrived or how they arrived.

Those with less severe injuries will need to wait longer for treatment than those with more urgent medical needs. However, if you feel your/your child's condition has changed, symptoms are getting worse or pain has increased while you are waiting, let the triage or waiting room nurse know.

Who will assess me or my child in the Emergency Department?

You will be assessed by trained ED clinicians which includes doctors, nurse practitioners, general practitioner (GPs) and nurses.

Can I/my child eat while waiting to be assessed?

Please check with the doctors or nurses before eating or drinking. In some situations, your doctor may prefer you/your child have had nothing to eat or drink as some treatments may be delayed by having a full stomach.

Why was a head scan not done?

Please refer to the Computer Tomography section to the left.

Why are we being discharged home directly from the waiting area?

Observation and assessment of symptoms starts once you are seen at the triage desk and continues in the waiting area. After a period of observation, a doctor or nurse may determine that it is safe to go home.

I still have symptoms, am I safe for discharge? Can I go home with symptoms?

It is safe to go home if the doctor or nurse has said it is safe to do so. You may experience symptoms as part of the normal healing process and will generally improve over time. Most people with a mild head injury or concussion feel better within a couple of weeks.

Some symptoms may appear right away, while other symptoms may not appear for hours or days after the injury. You may not realise you have some symptoms until you try to do your usual activities. If you are not comfortable to be sent home please ask for another assessment or further information (see separate head injury discharge information sheet).