

How to deal with a head injury

Concussion

The brain is cushioned in the skull by fluid called cerebro-spinal fluid. If the head is impacted hard enough, the brain moves through the fluid and impacts on the side of the skull causing disruption of the brains function. The casualty may become unconscious however this should be temporary and the casualty should recover completely with no complications.

Compression

Bleeding or swelling in the brain cavity is serious as it can cause brain damage. The casualty is unlikely to recover without medical attention. Compression can be caused by trauma, ruptured blood vessel (stroke) or disease (meningitis).

Concussion	Compression
Possibly unconscious followed by recovery	May recover but then deteriorate later
Short term amnesia, confusion and irritability	Levels of response decline with time
Mild, general headache	Intense localised headache
Pale, clammy skin	Flushed, dry skin
Shallow, normal breathing	Deep, raspy, slow breathing
Rapid, weak pulse	Slow, strong pulse
Normal pupils which react to light	One or both pupils which do not react to light
Nausea or vomiting on regaining consciousness	No recovery, may have fits, condition gets worse

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Dealing with a head injury

- 999 if the casualty has been unconscious
- Maintain ABC
- Place in recovery position if still unconscious
- Check for other injuries
- Monitor and record levels of response
- If concussion is suspected, monitor the casualty for 2-3 hours after recovery
- Do not try to stop bleeding from the ear canal

Should the casualty go to hospital?

The casualty should be taken to hospital if any of the following signs and symptoms are present:

- casualty has been unconscious
- Bleeding or liquid from the ear canal
- Headache gets progressively worse
- Casualty vomits
- Casualty has problems with sight or speech
- Casualty feels sleepy outside of normal sleep pattern (important with young children)
- Casualty has unequal pupils (see picture below)

