

Health and Welfare Alert
Head Injuries # 15-02-14

Purpose

The purpose of this Alert is to help caregivers recognize the signs and symptoms that indicate the need for an individual to be evaluated by a physician after a fall or direct blow to the head.

All DD Employees are required to be trained, annually, on identification and reporting of Major Unusual Incidents and Unusual Incidents prior to unsupervised contact. This training includes the review of any **Health and Welfare Alerts** released since the previous calendar year's training.

For questions or comments regarding this alert, please contact the MUI/Registry Unit.

Contact Info

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Head injuries are a significant result of accidental injury for individuals with developmental disabilities. Monitoring any injury to the head is important because even what appears to be a minor bump on the head can result in injury to the brain. The neck and spinal cord can also be injured at the same time.

Signs and Symptoms of Head (and Brain) Injury:

If you see any of the following signs after a head injury, **call for immediate medical attention/call 911**:

- Loss of consciousness (even if the person appears to act normally after regaining consciousness).
- Change in level of consciousness, unusual drowsiness, or difficult to awaken.
- Head pain or headache, getting worse or not getting better within 4 hours of head injury.
- Individual does not remember head injury event (amnesia).
- Feeling dizzy, falling or staggering, dropping objects, loss of coordination.
- Inability to move any part of body without injury or pain to that part of the body.
- Speaking difficulties including slowing or slurring of speech.
- Blurred or double vision.
- Bleeding from ears or nose, fluid drainage from nose or ears.
- Obvious abnormal behavior, confusion
- Seizure/convulsion
- Vomiting

Signs of neck (spinal cord) injury include:

- Neck pain or back pain.
- Inability to move any part of body without injury or pain to that part of the body.
- Weakness, tingling, numbness in arm(s) or leg(s).



What to do in case of a head injury: Provide First Aid: A-B-C-D

A = Airway:

Assess, clear and manage airway as taught in CPR classes, being mindful of proper neck (cervical spine) alignment and immobilization.

B = Breathing:

Assess and if necessary assist breathing (mouth-to-mask, bag-valve mask, oxygen supplementation).

C = Circulation:

Control bleeding with pressure, being mindful of possibility of skull fracture; bleeding not controlled in 15 minutes should be evaluated by a physician.

D = Disability:

Assess level of consciousness (responsiveness to talking, shouting, or pain such as pinching arm).

If your assessment indicates any problem with airway, breathing, circulation, or other disabling condition call 911 (alert emergency medical services), and get the individual immediate medical attention and/or if the person is unconscious or has signs of neck injury, call 911.

Remember the potential for a neck injury, which can occur with a head injury, including the result of a fall from a short distance, such as falling out of bed. Unless their airway is blocked, do not move a person until medical personnel (EMS, nurse or physician) have checked for neck (spinal cord) injury. Support their head in a neutral (in-line) position until

Follow-up Care:

Watch the individual closely in the 24 hours following a head injury. Every two hours:

- check for level of alertness;
- lethargy (sleepiness, ability to arouse);
- confusion;
- vomiting;
- unequal pupils.



For pain, use Tylenol (acetaminophen) only if approved by physician.

Signs and Symptoms of brain injury that may continue for weeks or months after a head injury should be reported to the individual's physician and include:

- Headache
- Difficulty sleeping
- Feeling dizzy
- Behavior or psychological changes such as irritability, depression, restlessness, problems concentrating, and personality change

Prompt medical care can prevent further injury and save lives

Last year, there were 1,755 reported significant injuries. The majority of these injuries were caused by falls, seizures and other accidents. Quick-thinking care givers took action in the majority of these cases to ensure that the individual received the needed timely medical care.

IMPORTANT: When people who know the individual the best see significant changes involving medical concerns, immediate medical attention should be obtained. When in doubt, seek medical attention immediately!

Remember, the health and welfare of the individuals we serve depends on quick, decisive, action to obtain emergency medical services. Let's work together to make sure that every second counts.

Steps to take:

A = Airway:

Assess, clear and manage airway as taught in CPR classes, being mindful of proper neck (cervical spine) alignment and immobilization.

B = Breathing:

Assess and if necessary assist breathing (mouth-to-mask, bag-valve mask, oxygen supplementation).

C = Circulation:

Control bleeding with pressure, being mindful of possibility of skull fracture; bleeding not controlled in 15 minutes should be evaluated by a physician.

D = Disability:

Assess level of consciousness (responsiveness to talking, shouting, or pain such as pinching arm).

If your assessment indicates any problem with airway, breathing, circulation, or disability call 911 (alert emergency medical services), and get the individual immediate medical attention and/or if the person is unconscious or has signs of neck injury, **call 911.**

Continue to monitor and care for the person until help arrives. Make sure the proper notifications have been made, and write an incident report once the person is safe.

More Info:

Centers for Disease Control and Prevention
www.cdc.gov

Preventing Traumatic Head Injury

<http://www.traumaticbraininjury.com/prevention/>

Ohio Department of Health

<http://www.odh.ohio.gov/>

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