



0-5 YEAR OLDS

DISCHARGE INSTRUCTIONS FOLLOWING A HEAD TRAUMA

Name _____

has been assessed by:

Dr. _____

and has been diagnosed as having sustained
a head trauma.

MD SIGNATURE

LICENSE #

DATE SEEN

Your child has sustained a head trauma and he/she is ready to go home. If any of the following symptoms develop, or if you have any concerns, please return to the Emergency Department.

- Loss or deterioration in level of consciousness.
- Excessive drowsiness; if you find your child extremely sleepy or difficult to arouse.
- Behavioral changes (persistent irritability in babies and toddlers) that is inconsolable by usual methods such as nursing, bottle-feeding, rocking.
- Persistent vomiting (more than 2 times).
- Tense bulging of the fontanel (soft spot on top of infant's head).
- Worsening headache, or headache that does not get better with pain medication.
- Difficulty seeing, hearing, speaking, or walking (as per appropriate age developmental skills).
- Seizure.
- Confusion or disorientation (does not recognize people or places, as per age appropriate developmental skills).

In the presence of a skull fracture:

- Persistent swelling over the fracture site beyond 2 weeks.
- Re-occurrence of swelling over the fracture site.



The signs and symptoms following a head trauma usually improve over a period of 2-4 weeks, but may occasionally last longer.

Common signs and symptoms include:

Infants

- Change in eating or sleeping patterns.
- Bump or bruise on the head.
- Head rubbing.
- Nausea and/or vomiting (1 or 2 times).
- Behavioral changes (irritability).
- Lack of interest in favorite toys/activities.

Toddlers/Preschoolers

- Change in eating or sleeping patterns.
- Headache or head rubbing.
- Nausea and/or vomiting (1 or 2 times).
- Behavioral changes (irritability, anxiety).
- Dizziness.
- Double or blurry vision.
- Sensitivity to light, sound and motion.
- Difficulties concentrating or paying attention.
- Change in play and activity level.
- Changes in balance and or walking.

A period of physical and cognitive activity restrictions until symptoms have fully resolved is extremely important. This reduces the likelihood of persistent symptoms.

HEADACHES

Acetaminophen and / or ibuprofen can be taken regularly for 3-5 days as needed. Ibuprofen should not be taken within the first 24 hours following the injury unless otherwise advised by your doctor. **Check labels for dosage instructions and warnings.** If still needed after 3-5 days, **reduce** to no more than **3 doses per week**. If in doubt, consult your pediatrician, family doctor or local clinic.

GENERAL ACTIVITY MANAGEMENT AND RECOMMENDATIONS DURING THE RECOVERY PERIOD

- Inform daycare of the head trauma and / or skull fracture your child sustained and the restrictions in place.
- Encourage a regular sleep schedule to ensure that your child gets plenty of rest.
- Do not use riding toys, scooters or bicycles.
- Do not participate in ball games.
- Do not participate in playground activities (i.e. sliding, swinging).
- Do not use computers, video games or television as these activities may provoke headaches.
- Allow play with blocks and puzzles, dolls, cars and small toys.
- Participate in coloring, arts and crafts and storytelling.
- Take your child for a stroller ride.
- Take short leisurely walks.
- Consider a picnic.
- Consider collecting shells, autumn leaves, stones.

RETURNING TO PHYSICAL ACTIVITY

Your child must be completely symptom free for a few days and returned to their normal home and daycare routines prior to resuming vigorous physical and play activities.

ADDITIONAL RECOMMENDATIONS FOR INFANT/TODDLER/PRESCHOOLER INJURY PREVENTION

- Ensure adult supervision in a safe play environment.
- Infants and toddlers should never be left unattended on an adult bed or sofa.
- Always keep the side rails of the crib up after placing your child in the crib. Lower the mattress when your child reaches 3 to 5 months of age.
- Infants in car seats should never be placed on a table, countertop or car top, even if restrained. The safest place is on the floor.
- Maintain constant hand contact on your child when he/she is on a changing table.
- Always secure safety straps when your child is in a swing, highchair, stroller or car seat.
- Place cribs, beds, chairs, tables and other furniture away from windows.
- Secure furniture, such as bookshelves, wall units and televisions to the wall.
- Install window guards, stops or partial bars on windows. Screens are flimsy and provide a false sense of security.
- Install safety gates at the bottom and top of the stairs. Only use wall-mounted gates at the top of the stairs.

UPON DISCHARGE

As a parent, you know your child best. If you notice any other behavior that is unusual, or if you have any questions, or concerns, do not hesitate to contact us at the following phone numbers:

Trauma

Monday to Friday from 8:00 to 16:00
(514) 412-4400 extension 23310