Identifying Head Injuries

Most Common Head Injuries:

- Concussion
- Skull fractures
- Facial injuries

Other Head Injuries:

- Hematomas
- Secondary Injuries (Second Impact Syndrome, Post Concussion Syndrome)

What is a Concussion?

"An injury to the brain resulting from an external and/or acceleration deceleration mechanism from an event such as a blast, fall, direct impact, or motor vehicle accident"

-Defense and Veterans Brain Injury Center

How do I sustain a concussion?

- Being hit in the head with any foreign object
- Whiplash fast or jerking motions
- Explosions

Note: Does not have to be a "hard" hit to the head

How to recognize a concussion (Signs and Symptoms):

- Headaches
- Nausea / vomiting
- Sensitive to noise / light
- Dizziness / vertigo
- Tinnitus
- Hearing loss
- Excess Fatique

- Balance problems
- Blurry / double vision
- Speech difficulties
- Feeling slowed down
- Difficulty Concentrating
- Difficulty Remembering / Amnesia

- "Mental Fog" / Confusion
- Anxiety / Irritability
- Nystagmus
- Loss of Consciousness
- "Just don't feel right"

You don't need all symptoms to have sustained a concussion!!

Listen to your body.

Be aware of

anything that is not

normal for YOU.

What do I do if I think I have a concussion?

- GET CHECKED OUT!! By either an ATC, medic, or doctor
- Do not drive
- Always have a battle

Getting Back to Duty:

- Follow protocol given by medical professional
- Complete gradual RTD once ALL symptoms have resolved

Skull Fractures:

- Usually result from direct blow
- What to look for:
 - o Obvious deformity
 - Battle sign
 - Raccoon eyes
 - o CSF/drainage from the ear or nose (Halo Sign)

Facial Injuries:

- · Lacerations, Nose fractures/bleeds, Tooth injuries, Eyes
- What to look for:
 - o Debris in injury
 - o Concussion-like symptoms
 - o Facial Symmetry
- Always assume head trauma until ruled out

Hematomas: "Brain Bleeds"

Subdural Hematoma

- May take days, weeks, months for sx to arise
- Look for:
 - Worsening sx (headache, cognitive impairments, behavioral changes, etc.)
 - o Pupils

Epidural Hematoma

- Rapid onset
- · Look for:
 - Rapidly deteriorating condition

TAKE AWAYS: Head Injury Management

- Always rule out spinal injury before moving
- Monitor symptoms and ABCs
- Remove from duty/training
- Worsening symptoms = ER
- Always have a battle
- Do not take any medications unless directed by doctor
- RTD before ready can result in secondary injury

Any deterioration of symptoms warrants immediate ER referral