

HEAD INJURY

Date: _____ Time: _____ Temperature: _____
Dear Parent/Guardian of _____:

Today your child received an injury to the head. Just a note to review what we discussed earlier today regarding your child's injury.

He/She should be checked carefully - hourly for the first 8 hours and again at bedtime and awakened at midnight (if bedtime is 8-9 p.m.) just enough to be sure he/she can be awakened and seems normal.

If any of the following symptoms should occur, contact your doctor or emergency room.

1. Severe or increasing headache unrelieved by pain killer.
2. Nausea and/or vomiting.
3. Double or blurred vision, delayed reaction to light, pupils of unequal sizes (*see diagram below), or inability to focus.
4. Any unusual behavior such as confusion, irritability, dizziness or irregular breathing.
5. Convulsion/Seizure.
6. Bleeding or discharge from an ear, nose, eye, mouth.
7. Disturbance of speech.
8. Neck pain or stiffness.
9. Loss of bladder or bowel control.
10. Period of unconsciousness.
11. Dizziness, stumbling or difficulty walking, weakness or paralysis.
12. Unusual paleness than lasts for more than an hour.

* Unequal pupils diagram

Equal

Unequal



School _____

Phone # _____