The following advice must be followed after you have sustained a head injury to ensure your safe recovery and to minimise the risk of complications safety:

• DO make sure you stay within easy reach of a telephone and medical help
• DO have plenty of rest and avoid stressful situations
• DO NOT take any alcohol or drugs
• DO NOT take sleeping tablets, sedatives or tranquillisers unless they are given by a doctor
• DO NOT play any contact sport (e.g. football) for at least three weeks without taking advice from your doctor first
• DO NOT return to your normal school, college or work activity until you feel you have completely recovered
• DO NOT drive a car, motorbike or bicycle or operate machinery unless you feel you have completely recovered

Complications are not always immediately obvious following a head injury. Therefore (although you have been examined by a doctor or another healthcare professional) you are advised to stay with a responsible adult for the next 48 hours and that person should be shown the guidance on the Advice to responsible adult card.
A head injured patient should be referred to a hospital emergency department if any of the following risk factors are present (a head injury is defined as any trauma to the head, other than superficial injuries to the face):

- Any loss of consciousness (knocked out) as a result of the injury, from which the person has now recovered
- Amnesia for events before or after the injury
- Persistent headache since the injury
- Any vomiting episodes since the injury
- Any previous brain surgery
- Any history of bleeding or clotting disorders
- Current anticoagulant therapy
- Current drug or alcohol intoxication
- There are any safeguarding concerns for example, possible non-accidental injury or a vulnerable person is affected
- Irritability or altered behaviour, particularly in infants and children aged under 5 years
- Unconsciousness or lack of full consciousness for example, problems keeping eyes open
- Any focal neurological deficit since the injury Problems restricted to a particular part of the body or a particular activity, for example, difficulties with understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking
- Any suspicion of a skull fracture or penetrating head injury Signs include clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the HCP
- Any seizure (‘convulsion’ or ‘fit’) since the injury

Undiagnosed head injury remains a common cause of death and morbidity.

FPs and other HCPs should be aware of and take into account the NICE head injury clinical guideline *Head injury: assessment and early management* (NICE guidelines [CG176] Updated 1st September 2019)

If you decide that a detainee needs referral to hospital in connection with a head injury, the following is the minimum information that should be provided:

- History
- Pupillary size/reactions
- Glasgow Coma Score
- Any obvious limb weakness
- Pulse
- Injuries documented
- Blood pressure
- Blood glucose

For example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 metre or more than 5 stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism
Most head injuries do not lead to serious complications. However, you are advised to take the patient immediately to hospital if he/she exhibits any of the following:

- **UNCONSCIOUSNESS or LACK OF FULL CONSCIOUSNESS**  
  *e.g. problems keeping their eyes open*

- **Any CONFUSION**  
  *not knowing where they are, getting things muddled up*

- Any apparent DROWSINESS or SLEEPINESS, which goes on for more than 1 hour when they would normally be wide awake

- **DIFFICULTY WAKING** the patient up

- **Any PROBLEMS UNDERSTANDING OR SPEAKING**

- **Any LOSS OF BALANCE or PROBLEMS WALKING**

- **Any WEAKNESS** in one or more arms or legs

- **Any PROBLEMS WITH VISION**

- **VERY PAINFUL HEADACHE** that won’t go away

- **Any VOMITING**

- **Any FITS**  
  *collapsing or passing out suddenly*

- **CLEAR FLUID COMING OUT OF THEIR EAR OR NOSE**

- **BLEEDING** from one or both ears

- **NEW DEAFNESS** in one or both ears

When the patient is sleeping, you should arrange to observe him at two-hour intervals to establish:

- Does he/she appear to be breathing normally?

- Is he/she sleeping in a normal posture?

- Does he/she make the expected response when you rouse him/her gently?

- If you cannot satisfy yourself that the patient is sleeping normally, he/she should be wakened fully to be checked.