

## HEAD INJURY - FIRST AID

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**First aid** for Head injury & Skull fracture

1. Begin ESM, do a scene survey. When you recognize it may be a head injury tell the casualty not to move and get medical help. Steady and support the head.
2. Assess responsiveness and do a primary survey. If there is no breathing open the airway using the jaw-thrust without head-tilt and give AR if needed.
3. If blood or fluid is coming from the ear canal, secure a sterile dressing lightly over the ear, making sure fluids can drain.
4. Protect areas of depression, lumps, bumps, or scalp wounds where an underlying skull fracture is suspected. Avoid pressure on the fracture side.
5. Warn the casualty not to blow their nose if there is blood or fluid coming from it. Wipe any external blood to prevent it from entering the mouth.
6. Give care until medical help arrives.

**Concussion** - a temporary disturbance of brain function caused by a blow to the head or neck.

**Signs & symptoms:**

- Partial or complete loss of consciousness, usually of short duration
- Shallow breathing
- Nausea and vomiting when regaining consciousness
- Casualty says she is "seeing stars"
- Loss of memory of events immediately preceding and following the injury

**Compression** - excess pressure on some part of the brain caused by a buildup of fluids inside the skull.

**Signs & symptoms**

- Decreasing level of consciousness
- Unconsciousness from the time of injury, may be deeply unconscious
- Nausea and vomiting
- Unequal size of pupils
- One or both pupils don't respond to light

**First aid** for a head or spinal injury

Goal is to prevent further injury on the spinal cord.

1. Begin ESM, scene survey. Tell casualty not to move when you suspect it is this type of injury.
2. Steady and support the casualty's head and neck and show a bystander how to do this and show another how to support the feet. Keep both fully supported until medical help arrives.
3. Assess responsiveness and then do a primary survey. If the casualty is unresponsive, check for breathing before opening the airway. No breathing, then open the airway using the jaw-thrust without head-tilt and check for breathing again.
  - If breathing hold the airway open with the jaw-thrust
  - If there is still not breathing give AR, check circulation look for signs of severe bleeding and shock.
4. Do a secondary survey but do not move the casualty or poke and probe any possible spinal injury.
5. Decide if you need to move casualty. It is best to leave casualty as is until medical help arrive.
6. Continue to give care until help arrives.