Concussion

Patient information leaflet (Adult)





We have assessed your head injury and it's very unlikely to cause worrying symptoms in the coming days. It is safe for you to leave hospital but it is best not stay at home alone for the first 24 hours after leaving hospital. Also, stay near a telephone for the first 24 to 48 hours in case you need to access emergency medical help.

When to go back to hospital?

Go to your nearest hospital emergency department as soon as possible, if you develop any of these symptoms:

- Unconsciousness or lack of full consciousness (for example, a problem keeping your eyes open)
- Drowsiness (feeling sleepy) that lasts longer than 1 hour when you would normally be wide awake
- · Problems understanding or speaking
- Loss of orientation (not knowing where you are, what time it is, who you're with and what's going on around you)
- Loss of balance or problems walking
- Weakness in 1 or more arms or legs
- Problems with your eyesight
- A painful headache that will not go away or ease
- Vomiting (being sick)
- Seizures (also called convulsions or fits)
- Clear fluid coming out of your ears or nose
- Bleeding from 1 or both ears

Concussion is usually caused by an impact to the head or body. **Most people make a full recovery after a few days or weeks**. Common symptoms detailed overleaf such as headache, mood changes, or feeling slowed down, can last for a few months.

If you're unwell, get someone to take you to the emergency department or call 111 or 999

Do not drive, cycle or operate machinery until you feel completely better. Please refer to the DVLA website for more information.

Follow the recommended advice in this leaflet to help your recovery and manage symptoms.

Common symptoms detailed below can last for a few months.

Follow the recommended advice in this leaflet to help your recovery and manage symptoms.

Common symptoms and signs indicating possible concussion



Physical



Cognitive



Behavioural/emotional

- Headache
- Neck pain or tenderness (mild-moderate)
- Nausea/vomiting
- **Tinnitus**
- Taste/smell impairment
- Dizziness/vertigo
- Photo sensitivity or sensitivity to noise
- Transient diplopia (double vision)
- Balance or motor inco-ordination

- Confusion
- Brief loss of consciousness (< 2 mins)
- Difficulty concentrating
- Difficulty remembering things
- Feelings of being 'slowed down' or 'in a fog'
- Witness reports person was slow to get up after injury

- Irritability and other transient personality changes, e.g disinhibition
- **Emotional lability**
- Psychological adjustment problems and depressive/anxious symptoms
- Difficulty attending work or school
- Fatigue, drowsiness and sleep disturbances (including insomnia) or sleeping more than usual

Recommended advice

Rest

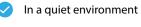
Progressive return to work/education and activities

Self care

Recommend



Mental and physical rest (24-48 hours)



No reading, screen time (e.g. computer, phones, TV) or strenuous activities



Progressive re-engagement

Initial stages

Increase activity as tolerated

Low-intensity aerobic activities (e.g. walking, light jogging)

If re-engagement exacerbates symptoms, the activity intensity

Light mental stimulation (e.g. listening to music or reading

Gradually resume normal daily activities



Managing headache or other pain

Prescribe paprcetamol if required for short-term relief

Avoid NSAIDs and aspirin within the 48 hours. as well as opioids or other sedatives

Managing sleep disturbances: prioritise behavioural and environmental changes over pharmacological interventions

Other self-care techniques



- - Remain hydrated
- Use an ice/cool pack intermittently, if required
- Avoid alcohol or recreational drugs, if applicable

should be temporarily reduced to a more tolerable level