

HEAD INJURIES: PROTECTING YOUR CHILD

Every parent has probably had one (or more) of their children bang their head, especially as they take their first steps. Then there are the sports programs, the recreational activities and the sibling "wrestling" matches that can often lead to a good bump or bang. The problem for parents is how to know how serious the injury is and what to do (besides applying ice pack.)

Some head injuries are very severe. They are called Traumatic Brain Injury (TBI) and result in 1.7 million deaths, hospitalizations or emergency room visits every year. Causes include falls, auto accidents, sports injuries, shaken baby syndrome and assaults. The effects of a brain injury are different from person to person and are defined by the location, type and severity of the injury. TBI is different from brain injuries that result from a congenital (born with) problem or other health problem that causes degeneration of the brain. TBI is the result of a severe blow to the head (or a shaking back and forth) that causes the brain to move within the skull which causes damage to the nerves and/or brain tissue. Some TBIs are temporary with mild impairment, while others may be permanent with severe impairment. Recovery can be a very long process. They can have both physical and psychosocial components.

SIGNS AND SYMPTOMS OF A TRAUMATIC BRAIN INJURY

INCLUDE but are not limited to:

- Spinal fluid (thin watery liquid) coming out of the ears or nose
- Loss of consciousness
- Dilated or unequal size pupils
- Vision changes
- Dizziness, balance problems
- Not breathing
- Not alert, unable to respond to others
- Paralysis
- Slow pulse
- Slow breathing
- Vomiting
- Lethargy
- Headache
- Confusion
- Ringing in the ears
- Difficulty with thinking skills
- Inappropriate emotional responses
- Difficulty with speech
- Body numbness or tingling
- Loss of bowel control or bladder control

(Source: <http://www.biausa.org> "Causes of Brain Injury")



A concussion is a mild traumatic brain injury (MTBI) caused by a bump, blow or jolt to the head. There are millions of sports and recreation-related MTBIs every year. Most of these are not treated in a hospital or emergency room and most people recover without lasting problems. The current thinking on MTBIs is that they are more a result of a disturbance in the metabolism of the brain rather than structural damage to the brain. For most people, symptoms from a concussion last a short period of time.

You do not have to lose consciousness to have a concussion. If your child gets a bump, blow or jolt to the head that isn't caused by a severe trauma, there are certain things you should watch for:

SIGNS AND SYMPTOMS OF A CONCUSSION INCLUDE but are not limited to:

Difficulty thinking clearly	Feeling slowed down
Difficulty concentrating or remembering	Difficulty following conversations or directions
Answers questions more slowly or repeatedly	Dazed or stunned
Headache	Nausea or vomiting
Fuzzy or blurry vision	Feeling tired all of the time, having no energy
Clumsiness or balance problems	Dizziness
Sensitivity to light or noise	Numbness/tingling
Irritability	Sadness
Nervous or anxious	Sleeping more or less than usual
Trouble falling asleep	Drowsiness

(Source: <http://www.CDC.gov> "Heads Up: Preventing Concussion")

Treatment for a simple concussion (one without complications) is generally a few days of physical and mental rest. Once the symptoms are completely gone, there can be a gradual return to normal functioning. For a more complex concussion, this time frame is longer. Your physician will recommend the best treatment plan for the injury. Your child may be required to stay out of gym class or other sport activities for an extended time period. Certain procedures which may require anesthesia may be postponed. You need to remember that although you can't see the injury to the brain, a concussion is an injury and the brain needs time to heal.

The best "treatment" is to prevent head injuries. This can happen through the use of seatbelts, head gear (helmets) and other safety equipment, following the safety rules for each sport or recreational activity and playing on safe surfaces.



SHOULD TICKS BE TESTED?

The Quinnipiack Valley Health District (QVHD) office gets many phone calls about ticks. A popular question asked by constituents is "Should I get this tick tested?" A second question often asked is "how do I go about getting it tested?" The answer to the first question is harder than the answer to the second question.

(Photo source: CT Agricultural Station, "Tick Management Handbook", Bulletin no. 1010.)

Some ticks (deer ticks) can be infected with the germ that causes Lyme Disease. Others are not. If you find a deer tick attached to you, it does not mean that it had the opportunity to transmit the germ into your body, even if a tick is infected.

Generally a tick must be: A) infected with the germ B) attached to a person for at least 24 hours and C) consume a blood meal **in order for the germ to be passed into your body.**

So, with those facts in mind, is the presence of a deer tick on your body (or an actual bite) cause for panic and alarm? The answer is no. Is the presence of a deer tick a reason to demand antibiotics? Again, the answer is no. **But it is a reason to watch for symptoms. If symptoms do appear, you should seek prompt medical care.**

Ticks can be tested for the presence of the germ. However, this will not tell you if the germ passed into your body. The turn-around time to get the testing results can take up to three weeks. When a physician feels it is medically-necessary to get a tick tested, you can get it done at no cost at the CT Agricultural Station, but you must first get a referral form from QVHD. Live ticks are tested more rapidly and accurately. To keep it alive, put it in a sealed container with some leaves. (Dead ticks can also be tested.)

It is extremely wise to be observant for symptoms following a tick bite. While not everyone will get classic or all of these symptoms, most people get some indication of symptoms or illness.

Watch for:

- * A rash, which starts as a small spot at the site of the bite, than expands to cover a good size area. It may have a bulls-eye appearance. The key is that it expands gradually over a few days. It is **not** the red spot at the sight of the bite. There may be more than one of these rash areas. A Lyme Disease rash may look like a giant sore with elevated areas or it may be flat and look like a slap. It differs from a heat rash or a rash like chicken pox in that it is not a small, spotted rash.



- * Flu-like symptoms accompanied by a **low-grade fever**.
- * Pain in the muscles and joints, especially the knees.
- * Any unusual symptoms that do not go away or reoccur over a period of time that can not be explained by another cause.

(Photo source: www.cdc.gov/public health image library)

To help prevent Lyme Disease, consider the following actions:

- Use an insect repellent (according to the directions) containing DEET (10-15% repels mosquitoes, 25-30% repels ticks.)
- Use a tick repellent on your pets.
- Do a daily body check, especially in the folds of skin or warm, dark areas.
- Avoid walking in tall grassy or wooded areas.
- If possible (weather-permitting) wear long-sleeved shirts or long pants tucked into socks when walking in wooded areas.
- Try some tick-safer landscaping ideas. (Brochure available from QVHD.)



(Photo source: CT Agricultural Station, "Tick Management Handbook", Bulletin no. 1010.)

For free written information on ticks and Lyme disease, District Residents (Bethany, Hamden, North Haven and Woodbridge) can call QVHD, 248-4528 or request online www.qvhd.org



Tick Removal

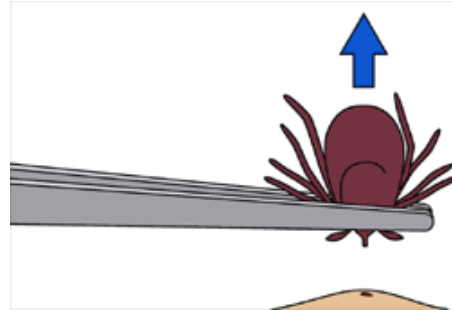
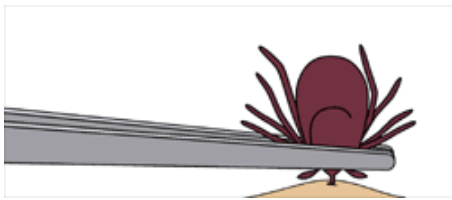


If you find a tick attached to your skin, there is no need to panic. There are several tick removal devices on the market, but a plain set of fine-tipped tweezers will remove a tick quite effectively. Prompt and proper tick removal is very important for preventing possible disease transmission.

How to remove a tick

1. Use fine-tipped tweezers and protect your fingers with a tissue, paper towel, or latex gloves. Avoid removing ticks with your bare hands.
2. Grasp the tick as close to the skin surface as possible and pull upward with steady, even pressure. Don't twist or jerk the tick; this can cause the mouth-parts to break off and remain in the skin. If this happens, remove the mouth-parts with tweezers. If you are unable to remove the mouth easily with clean tweezers, leave it alone and let the skin heal.
3. After removing the tick, thoroughly disinfect the bite and your hands with rubbing alcohol, an iodine scrub, or soap and water.

Avoid folklore remedies such as "painting" the tick with nail polish or petroleum jelly, or using heat to make the tick detach from the skin. Your goal is to remove the tick as quickly as possible--not waiting for it to detach.



Follow-up

If you begin to experience [a rash or fever](#) within several weeks of removing a tick, see your doctor. Be sure to tell the doctor about your recent tick bite, when the bite occurred, and where you most likely acquired the tick.

(The information above about removing ticks, including the illustration, is from http://www.cdc.gov/ticks/removing_a_tick.html)



YOUR COMMUNITY NEEDS YOUR HELP!

Bad weather, public health emergencies and other disasters can happen. When they do, our emergency responders may become overwhelmed. That is why communities around the country are training volunteers to help in large-scale emergencies. Quinnipiac Valley Health District (QVHD), your public health department, is part of the local emergency response team, along with fire, police and emergency medical technicians. We work and train together to help protect the communities we serve. However, in a large-scale event, (such as when we needed to immunize children during the H1N1 flu pandemic), community volunteer help is a critical component of success. Please consider becoming a QVHD volunteer for your community. No special skills are required, except a desire to help. For more information, contact QVHD, 203-248-4528 or visit the QVHD website, www.qvhd.org.

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Author: V. Deborah Culligan. The content provided in this health letter is intended to provide you with current health information to assist you in making health decisions. **It is not intended to be legal or medical advice, or a substitute for recommendations made by your health care provider.**