

Kids Brain Doc

Dr. Laila Mohammad

Skull Fracture (Simple)

Patient Packet



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Diagnosis: Skull Fracture

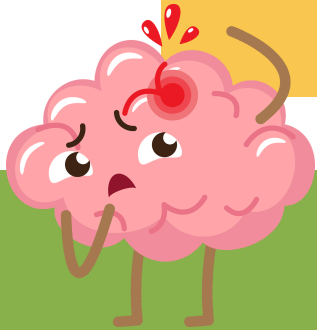


What is it?

A linear, nondisplaced, nondepressed skull fracture is a thin crack in the skull where the bones stay in place and don't push on the brain.

Who does it affect?

Little ones, especially those under 2, are more likely to get this because their skulls are thinner and more flexible.



How did my child get it?

A minor head injury like a bump or fall often occurs when a child rolls off furniture, takes a short tumble, or accidentally bumps their head while playing.

Is it Harmful?

Most of the time, it's not a big deal and won't lead to lasting issues. Doctors will look for signs of bleeding or swelling in the brain, though these are uncommon. As babies' heads grow fast, they usually recover within 1 to 6 months.



What is the Treatment?

Most fractures heal on their own over time with some careful monitoring. Treatment usually involves resting, watching for any concerning signs, and consulting a pediatric neurosurgeon for advice.



Hospital Work-up: Skull Fracture

1 Initial Evaluation

- The doctor will do a thorough check-up to see how alert your child is and how their brain is working.
- This way, they can make sure there aren't any serious head injuries.



2 Imaging

- A head CT or X-ray helps us see if there's a fracture and where it is.
- It also checks for any bleeding under the skull or pressure on the brain.

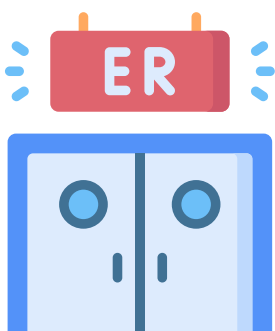


3 Skeletal Survey

- In children under 2, since they can't always say what's hurting, we do a full body X-ray, called a skeletal survey, to check for any other bone injuries.
- This is a routine step to ensure we don't overlook anything.

4 ED Observation

- Your child will be observed in the ED for approximately 6 hours after injury for vomiting, sleepiness, or worsening symptoms.
- If everything looks good, they won't need to be admitted.



5 Discharge Criteria

- Once your child is alert, comfortable, taking medicine by mouth, eating/drinking, peeing, and moving okay, your child can go home.



6 Follow-up

- You should follow up in 4 weeks to monitor healing.
- Most linear, nondepressed fractures heal on their own without long-term issues.



Recovery & Follow-Up



ACTIVITY RESTRICTIONS

- Week 0-4: Light activity
 - Avoid rough play, climbing
- After 4-week appointment: If your child has no symptoms, then there are no restrictions

HOME CARE

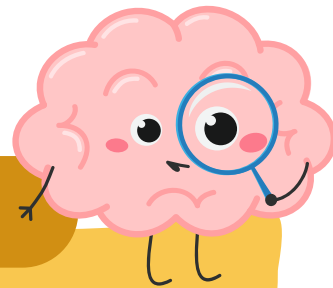
Watch for red flags like repeated vomiting, worsening headache, unusual sleepiness, or behavioral changes.

FOLLOW-UP

- 4 weeks after injury
- No additional imaging unless new symptoms appear



LONG-TERM CARE



- Most children will make a full recovery with no lasting effects.
- Regular check-ups with the pediatrician will ensure the skull continues to develop normally.