The skull is a strong container that protects and carefully cushions the valuable contents inside. Head injuries are potentially serious, but few lead to long-term problems. Doctors divide head injuries into two basic types:

- Injury to the bone, skin, and other tissues of the skull
- Injuries to the brain, blood vessels, and other tissues within the skull

Treat cuts, abrasions, and other wounds of the head as you would other trauma to the skin (here and here). See the doctor if you suspect a fracture of a skull bone, or if you see blood or clear fluid in the ears or nose following head injury.

A head injury that causes concussion or loss of consciousness requires emergency care. See the doctor as well if there may be bleeding or severe bruising within the head, suggested by these signs:

- Loss of alertness: increasing lethargy, unresponsiveness, abnormally deep sleep, coma
- Unequal pupil size after head injury (though about one in four people has slightly unequal pupils all the time)
- Severe vomiting or "projectile vomiting," which may be ejected several feet

In severe head injury, two or more signs are often present at once. Vomiting is usually forceful, repeated, and progressively worse.

In rare cases, slow bleeding inside the head forms a blood clot that causes chronic headache, persistent vomiting, or personality changes months after the injury.

Careful observation is the most important part of diagnosing head injury. You can usually do this at home as well as, if not better than, a hospital staff member. A family member is more likely to pay closer attention to the person with a head injury and know what is normal for him or her.

Home Treatment

Stop the bleeding of skin wounds by applying pressure directly on the wound, preferably with a sterile dressing. Ice applied to a bruised area may reduce swelling, but "goose eggs" often form anyway.

The initial observation period is crucial. Symptoms of bleeding inside the head usually appear within 24 to 72 hours after injury. Check the person every 2 hours during the first 24 hours, every 4 hours for the second 24 hours, and every 8 hours for the third day.

Because many injuries occur during the evening, the injured person will usually be asleep several hours after the accident. You can look in on the sleeping person periodically to check his or her pulse, pupils, and arousability. If the person has a minor head bump and no sign of brain injury, nighttime checking is usually not necessary.

What to Expect at the Doctor's Office
The doctor will ask about the nature of the accident and assess the patient's appearance and vital signs. He or she will do a physical exam and check for other injuries. If internal bleeding is possible, the patient may be kept in the hospital for observation. The doctor will avoid giving drugs, such as sedatives or strong pain medication, that may hide signs.

Bleeding within the skull is hard to diagnose. Skull X-rays are seldom helpful. CT scans and MRIs can be helpful but are expensive and may miss early accumulations of blood. With severe injuries, the victim may require X-rays of the neck to check for possible injury to the cervical spine.