PROCEDURE

Head injury - first aid

Head injury first aid protects the person from further harm while checking for signs that need urgent medical care.

PURPOSE
Protect from further harm and support breathing

PROCEDURE TYPE
Therapeutic bedside first aid

WHERE IT IS DONE
At the bedside or injury scene

ANAESTHESIA
None

HOW LONG IT TAKES
Usually minutes, until medical help takes over

PREPARATION
Check scene safety; use gloves if available

RECOVERY
Same-day monitoring; no driving until fully recovered

MAIN RISKS
Missed deterioration, neck movement, bleeding, aspiration

RESULTS
Immediate response; ongoing checks may reveal deterioration

Overview

Head injury first aid is the immediate care given after a blow, fall, or other injury involving the head. Its aims are to protect breathing, limit further injury, control bleeding, and identify signs that emergency care is needed.

A person may seem well at first but develop symptoms later. First aid therefore includes watching for changes in alertness, speech, movement, behavior, and physical symptoms.

First aid does not replace a medical assessment. Call emergency services if the person has serious symptoms, is becoming less responsive, or was injured in a high-impact event.

Why the procedure is performed

First aid is performed to keep the person as safe and stable as possible until they recover or medical help takes over.

It may:

Even a minor-looking injury may need monitoring. Scalp wounds can also bleed heavily because the scalp contains many blood vessels.

- Keep the airway open and support breathing
- Reduce unnecessary head or neck movement
- Control bleeding from a scalp wound
- Identify worsening symptoms early
- Prevent choking if the person vomits
- Guide decisions about emergency assessment

Who should and should not have it

Basic first aid is appropriate for anyone with a possible head injury. The response should match the person's condition. Someone who is awake and talking may need reassurance, a cold pack, and observation. Someone who is unresponsive needs an immediate check of breathing and emergency help.

First aid should not delay emergency treatment. Call emergency services promptly if the person has concerning symptoms or a significant injury mechanism, such as a high-speed crash or a fall from height.

Certain actions should be avoided:

A lower threshold for medical assessment is sensible for people taking blood-thinning medicine, those with a bleeding disorder, older adults, and anyone who has had brain surgery. Follow advice from a healthcare professional or emergency service.

- Do not move the person unless there is immediate danger or movement is needed for breathing
- Do not remove a helmet unless the airway cannot be managed otherwise
- Do not press directly on a suspected skull fracture or embedded object
- Do not give food, drink, alcohol, or sedating medicine to someone who is drowsy or may need urgent treatment

- Do not leave the person alone during the early monitoring period

How to prepare

Head injuries are usually unexpected, so formal preparation is limited. First check that the area is safe. Do not put yourself at risk from traffic, falling objects, violence, electricity, or other hazards.

If available, use disposable gloves when treating bleeding. Ask someone to call emergency services and bring a first aid kit or automated external defibrillator if needed.

If you are already in a clinic, care facility, sports venue, or hospital, the treating facility's own instructions take priority.

When possible, note what happened, when it happened, whether the person lost consciousness, and whether their condition has changed. This information can help emergency staff.

What happens during the procedure

Ask the person to remain still. Support the head in the position found, without pulling or twisting the neck. Speak calmly and check whether they can answer simple questions.

If the person is unresponsive, check whether they are breathing normally. If they are not breathing normally, call emergency services, begin cardiopulmonary resuscitation, or CPR, and use an automated external defibrillator if available.

If they are unresponsive but breathing, protect the airway. If vomiting or fluid in the mouth threatens breathing, roll them onto their side while keeping the head, neck, and body aligned as much as possible. Airway and breathing take priority over concerns about neck movement.

For scalp bleeding, place a clean dressing over the wound and apply gentle pressure. Do not press on an obvious dent, soft area, embedded object, or wound where bone may be damaged. Instead, cover the area loosely and wait for emergency help.

A wrapped cold pack can be held against a minor swelling for short periods. Do not place ice directly on the skin.

Continue checking breathing, alertness, speech, and movement. Note any new vomiting, confusion, weakness, seizure, severe headache, or increasing drowsiness.

Recovery and what to expect afterward

Pain: A mild headache or tenderness can occur after a minor injury. Use only pain relief that is appropriate for you and recommended by a healthcare professional or pharmacist. Paracetamol is commonly suggested after a minor head injury.

Eating: If you are fully alert and not nauseated, light food and fluids may be reasonable. Do not eat or drink if emergency staff advise against it or if urgent treatment may be needed.

Activity: Quiet rest may help at first, but prolonged complete bed rest is not usually required after a minor injury. Return gradually to normal physical and mental activity. Stop and seek advice if activity clearly worsens symptoms. Avoid contact sports or another risk of head impact until medically cleared.

Driving: Do not drive, cycle in traffic, or operate machinery while dizzy, drowsy, confused, visually affected, or otherwise not fully recovered. Follow any specific medical or licensing advice.

Work or school: A gradual return may be needed, especially if concentration, screen use, noise, or physical effort makes symptoms worse.

A responsible adult may be asked to stay with you during the first day after a minor head injury. Follow the monitoring and waking instructions provided by the healthcare service that assessed you.

Risks and possible complications

The main risk is failing to recognize a more serious injury. Bleeding or swelling inside the skull may not be obvious immediately.

Other risks include moving an injured neck unnecessarily, blocking the airway, choking on vomit, or worsening bleeding by pressing on a damaged area of skull.

First aid cannot rule out concussion, skull fracture, or bleeding inside the head. Medical examination and, in selected cases, brain imaging are needed to assess these possibilities.

Results and follow up

The immediate result is whether the person remains stable, becomes more alert, or develops symptoms that require urgent care. First aid itself does not provide a final diagnosis.

After medical assessment, you may receive written instructions about observation, sleep, pain relief, activity, work, school, sport, and follow-up. Keep these instructions available and share

them with the person monitoring you.

Arrange routine follow-up if symptoms are not steadily improving, interfere with daily activities, or return when normal activity resumes. Ongoing problems with headaches, balance, sleep, memory, mood, or concentration should be discussed with a healthcare professional.

Alternatives

There is no safe substitute for immediate first aid when someone is unresponsive, not breathing normally, bleeding heavily, or becoming worse.

For a mild injury, alternatives to emergency ambulance transport may include advice from a telephone health service, an urgent care clinic, or transport to an emergency department by another adult. These options may be more convenient, but they provide less support if the person deteriorates during the journey.

Home observation may be appropriate after a minor injury when the person is alert, symptoms are mild, and professional advice supports it. It avoids an emergency visit but cannot provide neurological examination or brain imaging.

When to call your healthcare team

Call emergency services now if the person:

Seek prompt same-day medical advice for loss of consciousness that has resolved, memory loss, persistent vomiting or headache, blood-thinner use, a bleeding disorder, or symptoms that are worsening rather than improving.

Routine follow-up is appropriate for symptoms that remain stable but do not gradually improve, or that interfere with sleep, work, school, or normal activity.

- Is unresponsive, cannot be awakened, or is becoming increasingly drowsy
- Is not breathing normally
- Has a seizure
- Has repeated vomiting, worsening confusion, or unusual behavior
- Develops weakness, numbness, poor balance, slurred speech, or unequal pupils
- Has blood or clear fluid coming from the ears or nose
- Has an open wound, skull dent, embedded object, or bleeding that will not stop

- Has severe or worsening headache
- Was injured in a high-impact crash, fall from height, or similar event
- Cannot be transported safely

Common questions

Will I be asleep during first aid?

No medicine is used to make you sleep. If you are unconscious or unusually difficult to wake, that is a reason for emergency assessment.

Can I drive home after a head injury?

You should not drive yourself. Have another adult take you, or use emergency transport when needed. Do not resume driving until you are fully recovered and any medical restrictions have ended.

How painful is head injury first aid?

Checking breathing and alertness should not be painful. Cleaning or covering a scalp wound may be uncomfortable. The helper should avoid unnecessary pressure or movement.

When will I know if the injury is serious?

Some warning signs appear immediately, while others develop over hours. Medical assessment and continued observation may be needed even if you initially feel well.

Is it safe to sleep after a minor head injury?

Sleep is not automatically dangerous after a minor injury, but the person should first be assessed appropriately. Follow the specific monitoring and waking advice given by the healthcare service.

Should I remove a sports or motorcycle helmet?

Usually not. Keep the head and neck still. Remove the helmet only if it is necessary to manage the airway or provide CPR and you can do so as safely as possible.

Sources

- National Institute for Health and Care Excellence. Head injury: assessment and early management (NG232)
- NHS. Head injury and concussion



- Centers for Disease Control and Prevention. Traumatic Brain Injury and Concussion
- American Red Cross. Head, Neck, and Spinal Injuries
- Resuscitation Council UK. First aid guidelines