SYMPTOM

Bleeding from a minor head wound

Bleeding from a minor head wound is blood loss from a small cut or scrape on the scalp, forehead, or nearby skin.

WHAT IT FEELS LIKE
Stinging or tenderness with visible blood in the hair

WHERE IT IS FELT
Scalp forehead or nearby skin

MOST COMMON CAUSES
Falls bumps sharp objects

WHEN IT IS URGENT
Bleeding continues after 10 minutes of firm direct pressure

USUALLY LASTS
Minutes for bleeding and days to weeks for healing

SEE A DOCTOR IF
The cut gapes reopens or shows infection

Overview

A small head cut can bleed more than expected because the scalp and face contain many blood vessels close to the skin.

Visible blood does not always show how serious the injury is. Blood can spread through hair or mix with water, making it look like more. However, a small-looking wound may need treatment if it is deep, dirty, caused by a bite, or accompanied by head injury symptoms.

This page covers bleeding from the skin. A blow to the head can also affect the brain or skull without causing a large wound.

What it may feel or look like

You may notice:

A wound may be difficult to see through hair. Possible head injury symptoms include headache, dizziness, nausea, confusion, memory problems, or unusual sleepiness. These matter even if the skin wound appears minor.

- Blood on the scalp, face, hair, clothing, or a cloth
- Stinging, burning, or tenderness
- A small cut, scrape, split, or skin flap
- A bump or bruising around the wound
- Bleeding that restarts when the area is touched

Common causes

Common causes include bumping the head, falling from standing height, being struck by a small object, or catching the scalp on a sharp edge. Scratching or reopening a scab can also cause bleeding.

Less common causes include a bite, broken glass, a sports injury, or a wound containing dirt or other material.

Bleeding may last longer if you take blood-thinning medicine or have a clotting disorder. Do not stop prescribed medicine without medical advice.

Potentially serious causes include a forceful impact, penetrating injury, or skull injury. Warning signs include a dent in the head, exposed bone, an embedded object, or problems with alertness, movement, speech, or vision.

When to seek medical care

Call emergency services if:

Do not press directly on an embedded object, exposed bone, or suspected skull fracture. Place padding around the area without removing anything and wait for emergency help.

Seek same-day care if bleeding continues after 10 minutes of firm, continuous pressure. Get prompt advice if the cut is deep or gaping, is on the eyelid, contains dirt or glass, was caused by a bite, or may need closure.

After a blow to the head, contact urgent care for vomiting, worsening headache, confusion, memory loss, unusual drowsiness, or changed behaviour. Get advice after any head injury if you take blood-thinning medicine or have a bleeding disorder.

Book a routine appointment if the wound repeatedly reopens, is not healing, or you are unsure whether your tetanus protection is current. Increasing redness, warmth, swelling, pus, worsening pain, or fever may indicate infection and needs prompt assessment.

- Bleeding is heavy, spurting, or cannot be controlled with pressure
- An object is embedded in the wound
- You can see bone or the head appears dented
- The person is unconscious, difficult to wake, or has a seizure
- There is weakness, numbness, trouble speaking, or loss of balance
- Clear fluid or blood is draining from the nose or ears
- The injury followed a high-speed impact or fall from a significant height

How the cause is found

A healthcare professional may ask how the injury happened, whether you lost consciousness, and whether you have headache, vomiting, dizziness, or memory changes. They may ask about medicines, bleeding conditions, allergies, and tetanus vaccination.

They will inspect the wound's depth, location, and contamination. A neurological examination may check alertness, pupils, strength, balance, and memory.

Most simple wounds do not require a scan. A computed tomography, or CT, scan may be considered if the injury or symptoms suggest bleeding inside the head or skull damage.

Treatment and self-care

Sit or lie down. Place clean gauze or a clean folded cloth over the wound and apply firm, steady pressure for 10 minutes. Do not repeatedly lift it to check. If blood soaks through, add another cloth on top and keep pressing.

After bleeding stops, rinse a minor wound with clean running water. Gently clean the surrounding skin and remove loose, visible dirt. Do not probe the wound or remove anything stuck in it. Pat it dry and apply a sterile dressing if it may become dirty or rub against clothing.

Medical treatment may include cleaning and closure with adhesive strips, skin glue, stitches, or staples. A clinician may also assess whether tetanus vaccination or other treatment is needed.

Paracetamol, also called acetaminophen, may help with pain if it is safe for you. Follow the label. Ask a pharmacist or clinician before choosing pain medicine if you take blood thinners like warfarin or apixaban , have other health conditions, or may have a head injury.

What to expect

Bleeding from a simple scalp cut often stops with continuous pressure. Tenderness and mild swelling may remain.

Healing time depends on the wound's depth and location. Keep it clean and follow instructions for dressings, stitches, staples, or skin glue. Avoid picking at scabs or closures.

A small scar may remain. Seek care if bleeding restarts without a clear reason, the wound opens, or pain and swelling worsen.

Common questions

Why does a small scalp cut bleed so much?

The scalp has many blood vessels near the surface. Hair also spreads blood and can make the amount look greater.

Should I wash my hair?

After bleeding stops, gentle rinsing is usually reasonable. Do not scrub the wound or disturb glue, strips, stitches, or staples. Follow your wound-care instructions.

Can I sleep after a minor head wound?

Sleep is not harmful after a simple skin wound. If there was a blow to the head, watch for concerning symptoms and follow medical advice. Someone should stay nearby during the first day if a head injury is suspected.

Does every scalp cut need stitches?

No. Small wounds whose edges stay together may heal without closure. Deep, gaping, or repeatedly bleeding cuts should be assessed promptly because they may need glue, stitches, or staples.

Sources

- NHS. Cuts and grazes
- NHS. Head injury and concussion
- National Institute for Health and Care Excellence. Head injury: assessment and early management, guideline NG232



- Centers for Disease Control and Prevention. Clinical Guidance for Wound Management to Prevent Tetanus