

The Brain

The brain is located inside the skull, surrounded by liquid (cerebrospinal fluid) and covered by three membranes: the pia mater, the arachnoid and the dura mater. These membranes, together with the cerebrospinal fluid protect the brain from shakes and blows. A brain injury is produced when the brain has a blow that is too strong or has a very abrupt movement.





Concussions are the most common and less serious type of brain injuries. When a child has a concussion his brain undergoes chemical changes and sometimes some brain cells are stretched and damaged.

Children who have concussions may lose consciousness, but this does not always happen. They may also feel disoriented, move awkwardly, respond slowly, and complain of blurred vision, headache, or vomiting.





Skull Fracture

A skull fracture is a damage in the continuity of the skull bone. A skull fracture can be displaced or not and may occur in any place of the skull.



Basilar skull fracture (picture not shown)

A basilar skull fracture is a fracture at the base of the skull. This type of fracture may need to be managed differently from other types of skull fractures if the lesion causes a tear in the brain membranes resulting in leaks of cerebral spinal fluid (CSF).

Cerebral Edema



Cerebral edema is a generalized swelling of the brain that causes an elevation of the intracranial pressure (pressure within the brain).



Contusions and Intracranial Hematomas

An intracranial hematoma is a bleeding within the skull. It's caused by damage to the blood vessels (veins and arteries) of the head. There are three types of hematomas.



Contusion

A contusion is an area of brain tissue that is swollen, like a "bruise" on the brain.



Intracerebral Hematoma

Bleeding into the brain itself is called an intracerebral hematoma.

Subdural Hematoma

It is the accumulation of blood between the dura and the subarachnoid membranes.



Epidural Hematoma

It is the bleeding between the skull and the dura.





Diffuse Axonal Injury (DAI)

Diffuse axonal brain injury is caused by shearing forces due to movement of the brain within the skull. It is not a localized injury but rather an injury affecting multiple areas of the brain. The movement stretches or shears the axons of the neurons (nerve cells), affecting its function.

The neurons (nerve cells) have two parts; a cellular body and a tail (axon). The axon transmits information from one neuron to the other. When the axon is damaged, communication is disrupted and the normal function of the brain is affected.

Stretched and sheared

Diffuse Axonal Injury (DAI)

Normal Axon



Primary and Secondary Brain Injury



Early medical intervention is KEY! If in doubt, seek medical attention!



TBI Symptoms

TBI symptoms fall into four categories: cognitive, physical, emotional and other problems. These symptoms



Resource from CDC website (<u>https://www.cdc.gov/traumaticbraininjury</u>), Retrieved on January 2016. Adapted by 1st BIEN Team



Detecting a Traumatic Brain Injury

While your child is in the hospital, one or more of the following tests may be done to better understand the location and severity of their injury.

While tests are useful, the most important part of detecting and following up a TBI is the physical and neurological exam of your child.



Physical exam:

Repeated physical exams is key to assess progress in your child's treatment.



Imaging:

Imaging is useful for detecting possible lesions that can be treated with surgery. It also helps to assess initial prognosis.

After initial diagnosis, there is no need for extra images, unless there are changes in the physical exam or condition of your child.

CT Scan or CaT scan:

A Computer Tomography machine takes a series of detailed X-Ray images and show multiple images of different parts of the brain. CT scans take less time than MRI.

MRI:

Magnetic Resonance Imaging. MRI uses a magnetic field, radio waves and a computer to see the brain. MRI does not use radiation, and takes more time to complete than a CT scan. Note: Some children require anesthesia or sedation for the MRI.

Ultrasound:

Ultrasound imaging may be used to detect increased intracraneal pressure (pressure inside the brain). This test also tells doctors if the brain is receiving enough blood flow.



Other ways to monitor the brain:

Intracranial Pressure (ICP) Monitoring and External Ventricular Drain (EVD)

Doctors may also use catheters and sensors that are placed by drilling a hole in the skull to measure the pressure inside the brain.











Protecting the Brain after a TBI

Oxygen

is very important to brain cells. That is why patients with TBI usually receive oxygen therapy.

blood pressure and low blood pressure

High

can worsen the brain injury. That is why doctors may use medicines to control your child's blood pressure.

Giving time to heal is crucial to protect the brain

Glucose

is the main fuel for brain cells. Doctors will monitor your child's glucose very closely to make sure they have enough.

Antiseizure medications

can be given to your child. Seizures consume a lot of oxygen and can worsen the brain damage.





Protein

is essential to repair tissues and boost other important internal metabolic processes. Some patients receive supplemental feedings to enhance the recovery, which may or may not be given through a feeding tube.





5 Questions to ask to your child's doctors, nurses and therapists:

- 1) What type of injury did my child have?
- 2) What type of treatment is my child receiving and why?
- 3) What are the next steps in her/his treatment?
- **4)** Will my child have deficits after the injury?
- 5) How can I help my child to recover from these deficits?

