

PATIENT INFORMATION · URGENT CARE

Head injury and concussion

the first 48 hours, and getting back to normal

Most head injuries are minor and cause no lasting harm. The purpose of this leaflet is to tell you which symptoms mean you need help immediately, what to do while you recover, and how to return to work, school and sport safely.

Call **999** or go to an emergency department now if

- you were **knocked out**, even briefly, or cannot remember what happened;
- you are **increasingly drowsy or difficult to wake**, or become confused;
- you have a **fit or seizure**;
- you have **vomited more than once** since the injury;
- there is **clear fluid or blood coming from the ear or nose**, or new deafness;
- you have **weakness, numbness or tingling** in an arm or leg, or problems walking;
- you have **difficulty speaking, reading or understanding**, or your vision has changed;
- you have a **severe headache that painkillers are not touching**, or your pupils look unequal;
- you have a **wound that will not stop bleeding**, or a dent or soft area on the skull.

Get assessed today, even without the above, if you take blood-thinning medicine such as warfarin, apixaban, rivaroxaban or clopidogrel; if you have a bleeding disorder or have had brain surgery; if the injury involved a fall from height, stairs or a vehicle; if you are over 65; or if there is no responsible adult to stay with you. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Extra signs to watch for in a child

- a baby under one year old, or any swelling or bruising over a soft spot;
- crying that cannot be settled, or behaving unlike themselves;
- refusing feeds, or vomiting more than once;
- unsteadiness, or reluctance to use an arm or leg.

The first 48 hours

- **Have someone stay with you** for the first 24 hours who can get help if you deteriorate.
- **Rest — but not in a dark room for days.** Take it easy for 24 to 48 hours, then start moving gently and building up.
- **Cut down screens** for the first day or two. Phones, gaming and long periods of reading often make headache and nausea worse early on.
- **Paracetamol** is the painkiller of choice. Avoid aspirin and, in the first 48 hours, ibuprofen and other anti-inflammatories unless a doctor has advised otherwise.
- **No alcohol, no recreational drugs, no sleeping tablets or sedatives** until you are fully recovered.
- **Do not drive, cycle, operate machinery or work at height** until symptoms have gone and you feel back to normal.
- **Do not be alone in charge of a young child** for the first 24 hours if you can avoid it.

You do not need to be woken every hour

The old advice to wake someone repeatedly through the night is no longer given. Normal sleep is part of recovery. What matters is that someone can check you are rousable if they are already up, and knows to call 999 if you become difficult to wake or any of the warning signs above appear.

Concussion

Concussion is a disturbance of brain function caused by a knock to the head or body. You do not have to have been knocked out to have concussion — fewer than one in ten people with concussion lose consciousness.

Common symptoms include headache, dizziness, feeling foggy or slowed down, difficulty concentrating, sensitivity to light and noise, irritability, tiredness and disturbed sleep. These usually settle over one to two weeks. Symptoms often feel worse when you push yourself mentally or physically, which is why building up gradually works better than doing nothing then doing everything.

Returning to work or school

24-48h

relative rest, light activity around the house

Then

gradual return — shorter days, reduced screen time, regular breaks

Build up

step back a level if symptoms flare, then try again

Returning to sport

UK guidance for grassroots and non-elite sport is clear and worth following exactly:

- **No return to any sport within 24 hours** of a suspected concussion. If in doubt, sit them out.
- Follow a **graduated return** — light exercise first, then sport-specific training without contact, then full contact training, then competition.
- **No return to competition before 21 days from the injury**, and only then if you have been completely free of symptoms for the preceding 14 days.
- If symptoms are still present **after 28 days**, see a doctor for assessment.

Returning too early risks a second injury before the brain has recovered, which can be far more serious than the first.

Book a review with us if your headache is not settling after a week, you are struggling to concentrate at work or school, your sleep or mood has changed, or you need a fitness-to-work or return-to-sport assessment. We can examine you, arrange a CT or MRI quickly through our CQC-registered imaging partners if it is warranted, and provide a written report for an employer, school or club.

Seen today, not next week

Same-day appointments most days, seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London

97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**

info@mhwcclinic.co.uk

Open 7 days, 9am–7pm

In an emergency

Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency

Call NHS 111 or visit 111.nhs.uk.

Related: [Urgent care](#) · [CT and MRI scans](#) · [Private GP](#) · [All patient leaflets](#)

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This leaflet is based on current NHS and NICE guidance on head injury, and on the UK Concussion Guidelines for Non-Elite (Grassroots) Sport. It is general information and does not replace advice from a clinician who has examined you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.

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