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Inclusion criteria:

- Children ≥ 5 years of age with concern for [concussion/mTBI](#)
- GCS 14 - 15

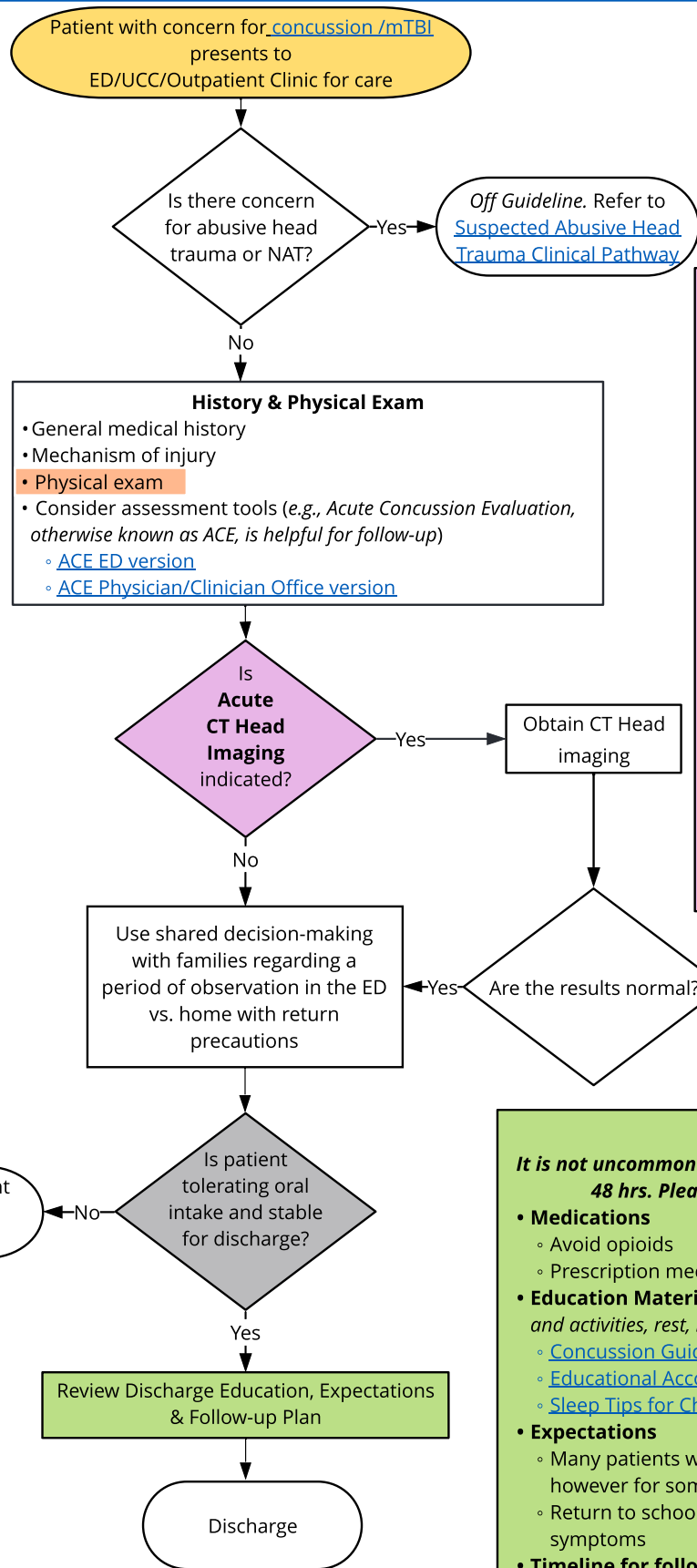
Exclusion criteria:

- GCS <14
- Concern for stroke (*refer to [Stroke: Suspected](#)*)
- Concern for C-spine injury
- Child with global developmental delay

Children meeting any of the above exclusion criteria may require a more extensive evaluation

Physical Exam

- Head and neck exam
- Age appropriate neurological exam
- Consider [Vestibular/Ocular-Motor Screening \(VOMS\)](#)
- Balance assessment



Acute CT Head Imaging Indications

- Signs of altered mental status
 - Agitation
 - Somnolence
 - Repetitive questioning
 - Slow response to verbal communications
- Signs of basilar skull fracture

Additional Considerations (*Observation vs. CT based on clinical findings*)

- Combination or ≥ 2 of the following:
 - Loss of consciousness (*witnessed or documented*)
 - Severe or worsening headache
 - Multiple vomiting episodes
 - Worsening symptoms or signs
 - Severe mechanism of injury
 - Motor vehicle crash with patient ejection, death of another passenger, or rollover
 - Pedestrian or bicyclist without helmet
 - Helmet struck by a motorized vehicle
 - Falls of more than 1.5 meters (5 feet)
 - Head struck by a high impact object
- Physician/clinician experience

May consider hospital admission for any of the following, though not limited to:

- Trouble ambulating (*significant risk of fall/injury*)
- Persistent vomiting
- Uncontrolled pain

Abbreviations :

mTBI = Mild traumatic brain injury

GCS = Glasgow coma scale

NAT = Non-accidental trauma

Discharge Checklist

It is not uncommon for concussion symptoms to develop within 48 hrs. Please consult PCP if symptoms develop

- Medications**
 - Avoid opioids
 - Prescription medications are often not necessary
- Education Materials** (*includes information on return to school and activities, rest, headache management and screen time*)
 - [Concussion Guidance](#)
 - [Educational Accommodations for Concussion](#)
 - [Sleep Tips for Children and Teens](#)
- Expectations**
 - Many patients will have symptom resolution within 3 weeks, however for some it may take a month or longer
 - Return to school may occur prior to full resolution of symptoms
- Timeline for follow-up**
 - Within 2 weeks for reassessment of symptoms
- Follow-up**
 - Competitive sports/athletes, follow-up with Sports Medicine
 - All others should follow-up with PCP initially