

PEDIATRIC HEAD INJURY/CONCUSSION REFERRAL GUIDELINE

Maine Medical Partners - Orthopedics & Sports Medicine (Div. Of Pediatric Sports Medicine) · 119 Gannett Dr, South Portland, ME · (207) 773-0040

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

SYMPTOMS:

Seizure-like activity, worsening mental status, extreme confusion, severe and worsening headache, persistent vomiting, loss of consciousness with injury

EXAM:

Papilledema, cranial nerve palsy, focal weakness or symmetric altered sensation, Glasgow Coma Scale < 15*

SUGGESTED PREVISIT WORKUP

Send to ER for further evaluation if concern for intracranial pathology, severe debilitating headache

If unsure, consider contacting concussion specialist: MMP - Orthopedics & Sports Medicine (207) 773-0040

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

SYMPTOMS:

History of multiple prior concussions, dizziness, headache, disorientation or confusion, loss of memory, balance problems, visual complaints, amnesia

EXAM:

Slight dysmetria on cerebellar tests, ocular tracking abnormalities (nystagmus or provokes symptoms)

SUGGESTED WORKUP

If uncomfortable with patient's presentation or if symptoms lasting greater than 2 weeks, refer to pediatric concussion specialist

If no pediatric concussion specialist nearby, refer to a non-operative sports medicine specialist

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

SYMPTOMS:

Resolve in 24-48 hours completely, only focal pain on head where struck, no headaches, no vomiting, no loss of consciousness

EXAM:

Patient has a normal neurological exam (including normal ocular tracking)

SUGGESTED MANAGEMENT

Monitor for any development of symptoms consistent with concussion as sometimes symptoms present later and/or go unrecognized

Clear for sports participation if no symptoms for 24 hours and able to participate fully in school without symptoms

CLINICAL PEARLS

- Concussion is not visible on current imaging modalities so only obtain imaging if evaluating for intracranial pathology (mass, bleed).
- Seizure-like movements at the time of injury can be a benign symptom, however any seizure-like activity should prompt further evaluation (i.e. ER, concussion specialist, neurologist).
- Symptoms typically last longer in kids than adults (typical recovery timeline is 2-4 weeks), but symptoms can be prolonged especially in patients with a known personal history of anxiety and/or migraines and/or vestibulo-ocular deficits on presentation.
- Vestibulo-ocular dysfunction is frequently seen in pediatric concussion patients (abnormal eye movement on smooth pursuits, saccades and vestibulo-ocular reflex testing).

RECOMMENDATIONS FOR PATIENTS WITH POSSIBLE CONCUSSION:

- Sleep: no need to wake patient periodically
- Avoid making symptoms worse. Rest will help patient avoid triggering worsening symptoms, but does not help speed up recovery
- Nutrition and Hydration: eat regular balanced meals and drink plenty of fluids, avoiding caffeine
- No sports or contact activities until cleared by a physician
- Avoid TV, computer, phone, electronic device use

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