Medical follow-up and referral to healthcare professionals/interdisciplinary concussion team

(1-4 weeks following acute injury)

- Focused clinical history, physical examination, determine need for imaging
- Screen for possible complicating factors that may impede recovery e.g. previous mental illness, family history of mental illness, migraine, current stress level, and any other modifiers that may delay recovery. Consider early referral to specialist or interdisciplinary team.
- Screen for mood, anxiety, and cognitive symptoms
- Send immediately to the emergency department (ED) if active suicidal ideation
- Review pre-injury mental health status (including pre-injury symptoms or diagnoses of depression, anxiety disorders, ADHD, and behavior disturbances)
- Review previous school history (attendance, learning, behavior) using information from school records if possible
- Post-injury education and guidance on symptom management (including advice) regarding pacing of activities and general recovery expectations within the context of pre-existing circumstances)
- Refer to healthcare professionals/interdisciplinary concussion team if symptoms last longer than 4 weeks (or sooner as needed/using clinical judgment)

Consider early referral (< 4 weeks) if child/adolescent has modifiers that may delay recovery/high risk of prolonged post-concussion symptoms

Not yet recovered | Symptoms lasting > 4 weeks post-concussion

Specialist or interdisciplinary concussion team

Persistent cognitive symptoms (including inattention, impaired executive function, academic decline)

Neuropsychologist, Occupational Therapist, school/education psychological services

Mild to moderate depression, anxiety, and difficulty coping (including adjustment disorder); no significant functional impairment

Psychotherapist (Including Social Worker, Registered Psychotherapist, Psychologist, **Occupational** Therapist)

Persistent postconcussion symptoms causing functional impairment and history of depression, anxiety, ADHD, or other psychiatric illness

Psychologist, Neuropsychologist, **Child and Adolescent Psychiatrist**

Clinically significant mood or anxiety symptoms (including functional impairment and/or suicidal ideation); severe range on mood and anxiety screening tools

Child and Adolescent Psychiatrist, **Psychologist** (Send immediately to **ED If active suicidal** ideation)

Acronyms: attention deficit hyperactivity disorder (ADHD)

Peds Concussion PEDIATRIC CONCUSSION CARE