

Concussion Discharge Instructions

Clinical Practice Guideline (CPG)

What is a concussion?

A concussion also known as mild traumatic brain injury (TBI) is caused a bump, blow or jolt to the brain. Even though concussions are called 'mild' brain injuries their consequences can be serious if appropriate care is not taken.



The head and brain to move quickly back and forth.



The brain to bounce or twist in the skull from this sudden movement.



Chemical changes in the brain and sometimes stretching and damage to the brain cells.

Which symptoms are commonly associated with a concussion?

Concussion symptoms are normal during the healing process, and generally improve over time. Most patients with a concussion feel better within a couple of weeks. Symptoms differ for each child appearing immediately or sometimes after a few days/weeks.



PHYSICAL

- HEADACHE
- DIZZINESS
- NAUSEA
- FATIGUE
- SENSITIVITY TO LIGHT AND NOISE

SLEEP

- TROUBLE FALLING ASLEEP AND STAYING ASLEEP
- DAYTIME DROWSINESS
- SLEEP CYCLE DISTURBED

COGNITIVE

- DIFFICULTY CONCENTRATING
- SLOWED REACTION TIME
- WORD FINDING PROBLEMS

EMOTIONAL

- IRRITABILITY
- SADNESS
- ANXIETY
- EASILY ANGERED

What to do if you think your child has a concussion?



Keep your child out of play.

If your child has a concussion, her/his brain needs time to heal. Don't let your child return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your child is symptom-free and it's OK to return to play.



Seek medical attention right away.

A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.



Teach your child that it's not smart to play with a concussion.

Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your child convince you that s/he's "just fine."



Tell your child's coaches and teachers about ANY concussion.

Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your child may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse.

RETURN TO PLAY AND SCHOOL GUIDELINES

1

REST, REST AND REST – Decrease physical and cognitive activity

- It is essential for recovery to take a good night's sleep and take naps during the day as needed.
- Find relaxing activities at home (such as reading, drawing). Minimize screen time including TV, texting etc.
- Break from school for 2-3 days as well as no homework

2

GRADUAL RETURN TO ACTIVITY – Light cognitive and aerobic activities

- Initiate light aerobic activity such as swimming, stationary cycling and walking.
- Light cognitive activity with frequent breaks (15 minutes at a time). Stop the activity when symptoms develop.
- Children may increase the length of cognitive activity as long as symptoms do not worsen significantly or as long as symptoms improve within 30 minutes of taking a break.

3

SPORT SPECIFIC ACTIVITIES AND BUILDING UP COGNITIVE ACTIVITY

- Can start sport specific activities e.g., exercises such as moderate jogging/running, moderate-intensity stationary bike, throwing a baseball and kicking a soccer ball. No head impact activities. Objective is to add movement and increase heart rate.
- When able to do one hour of schoolwork at home for one to two days, may try to return to a modified school schedule. Examples of a modified schedule: A decreased number of classes, adjustments to decrease reading and note taking, and extra time to complete assignments and tests.
- If symptoms develop while child is at school, should take a break in a quiet, supervised area until symptoms improve. When symptoms improve, they may return to class

4

NON-CONTACT TRAINING DRILLS AND HEAVY PHYSICAL EXERTION

- Once able to tolerate sport-specific exercise, child may advance to noncontact training drills and heavy noncontact physical exertion, including sprinting/running, high-intensity stationary biking, his regular weightlifting routine and noncontact sport-specific drills



RETURN TO PLAY AND SCHOOL

- Can return to baseline physical and cognitive activity as tolerated



DANGER AND WARNING SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

ADDITIONAL RESOURCES



Cardinal Glennon Children's Concussion Clinic

Appointment line – 314-577-5338



<https://www.cdc.gov/headsup/index.html>

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