ADULT HEAD INJURY/CONCUSSION RE Referral Guideline

MaineHealth Orthopedics and 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: MaineHealth 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 a concussion specialist
If no 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 WORKUP
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
- Conussion is not visible on current imaging modalities so only obtain imaging if evaluating for intracranial pathology (mass, bleed).
- Patients on a systemic anticoagulant may be at higher risk for bleeding from head trauma.
- 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).
- Adults with concussion typically heal in 7-10 days, though some have symptoms longer.
- Vestibulo-ocular dysfunction is frequently seen in 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

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinicians. No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.