

ADULT HEAD INJURY/CONCUSSION REFERRAL GUIDELINE

Maine Medical Partners - Orthopedics & Sports Medicine (Division of Sports Medicine) · 119 Gannett Dr, South Portland, ME · (207) 773-0040

HIGH RISK	MODERATE RISK	LOW RISK
SUGGESTED EMERGENT CONSULTATION	SUGGESTED CONSULTATION OR CO-MANAGEMENT	SUGGESTED ROUTINE CARE
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*	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)	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 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	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	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).
- 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