Patient presents to ED with CHI and GCS of 14-15 with no other injuries

Initial assessment: Baseline VS, GCS, Consider risk factors*

Obtain CT of Head

Head CT Positive
- Admission with Neurosurgery consult

Head CT Negative
- Hourly observation in ED 2-4 hrs including VS, GCS, pupillary reaction, alertness/cognitive behavior

Re-assess patient after 2-4 hours clinical observation

Consider discharge if:
- Normal mental status/behavior 4 hours post injury
- Responsible person available to take home
- Responsible person available for home observation
- Patient able to return easily in case of deterioration
- Written and verbal discharge advice able to be understood

Discharge home with discharge instructions

Consider admitting if:
- Persistent GCS <15 or deterioration of GCS
- Focal neurological deficit
- Persistent severe headache
- Failure to improve clinically
- Drug or alcohol ingestion
- Dangerous mechanism
- Known neurological impairment
- Persistent nausea and vomiting

Peds – consider referral to ChildServe Concussion Clinic 515-251-5555

*Risk Factors:
- Age >65
- GCS <15
- Skull fracture – clinical suspicion
- Prolonged LOC (>5 min)
- Prolonged anterograde/retrograde amnesia
- Post-traumatic seizure
- Intoxicated (Drugs & ETOH)a
- Known coagulopathy
- Anti-coagulation therapy or anti-platelet therapy
- Repeated vomiting > 2 occasions

Trauma Center Practice Management Guideline
Iowa Methodist Medical Center — Des Moines
Blank Children’s Hospital – Des Moines

Trauma Services Emergency Department Adult & Pediatric Concussive Guidelines

ADULT & PEDIATRIC Practice Management Guideline Effective: 06/2014
Contact: Trauma Center Medical Director Reviewed: 01/2020
First the Emergency Department, then what?

Concussions send more than 250,000 children and adolescents to the emergency department (ED) each year. The young brain is still developing. The patient may not recognize that he or she has concussive symptoms or may not be forthcoming. Symptoms may not appear until several hours after the concussion. Pediatric concussions are brain injuries that require multidisciplinary evaluations and treatment plans.

Specialized Concussion Care

ChildServe's Concussion Clinic is part of a comprehensive pediatric rehabilitation medicine program led by board-certified pediatric physiatrist Fred Klingbeil, MD.

ChildServe is CARF-accredited in Brain Injury Rehabilitation and Pediatrics. ChildServe's interdisciplinary approach to medical evaluation and rehabilitation following a concussion (mild TBI) utilizes evidenced-based return to learn and return to play protocols.

Concussion Program Components

Outpatient Clinic – Follow up from ED. Comprehensive physical medicine and rehabilitation exam including serial assessments. Medical monitoring of symptoms. Ability to provide medical clearance for return to play.

PT, OT & ST – Individualized and intensive evidenced-based treatments incorporating functional and sport-specific skills to return patient to school, sport, and daily activities safely and in collaboration with the physician-guided interdisciplinary team.

ImPACT® – Immediate Post-Concussion Assessment and Cognitive Testing. Developed by clinical experts who pioneered the field, ImPACT is the most-widely used and most scientifically validated computerized concussion evaluation system. ImPACT provides trained clinicians at ChildServe with neurocognitive assessment tools and services that have been medically accepted as state-of-the-art best practices.

Sport Concussion Assessment Tool (SCAT) – Standardized tools such as the SCAT provide a useful framework for evaluation (balance, coordination, cognition, symptoms, and neurological exam).

Dynavision – Vestibular-ocular testing and rehabilitation.

To Make a Referral:

Call ChildServe's Pediatric Rehabilitation Medicine Program and request an appointment in the Concussion Clinic.

ChildServe Concussion Clinic:

(515) 251-5555