



Use the QR code to access the algorithm via mobile device

**Inclusion criteria:**

- Children ≥ 5 years of age with concern for [concussion/mTBI](#)
- GCS 14 - 15

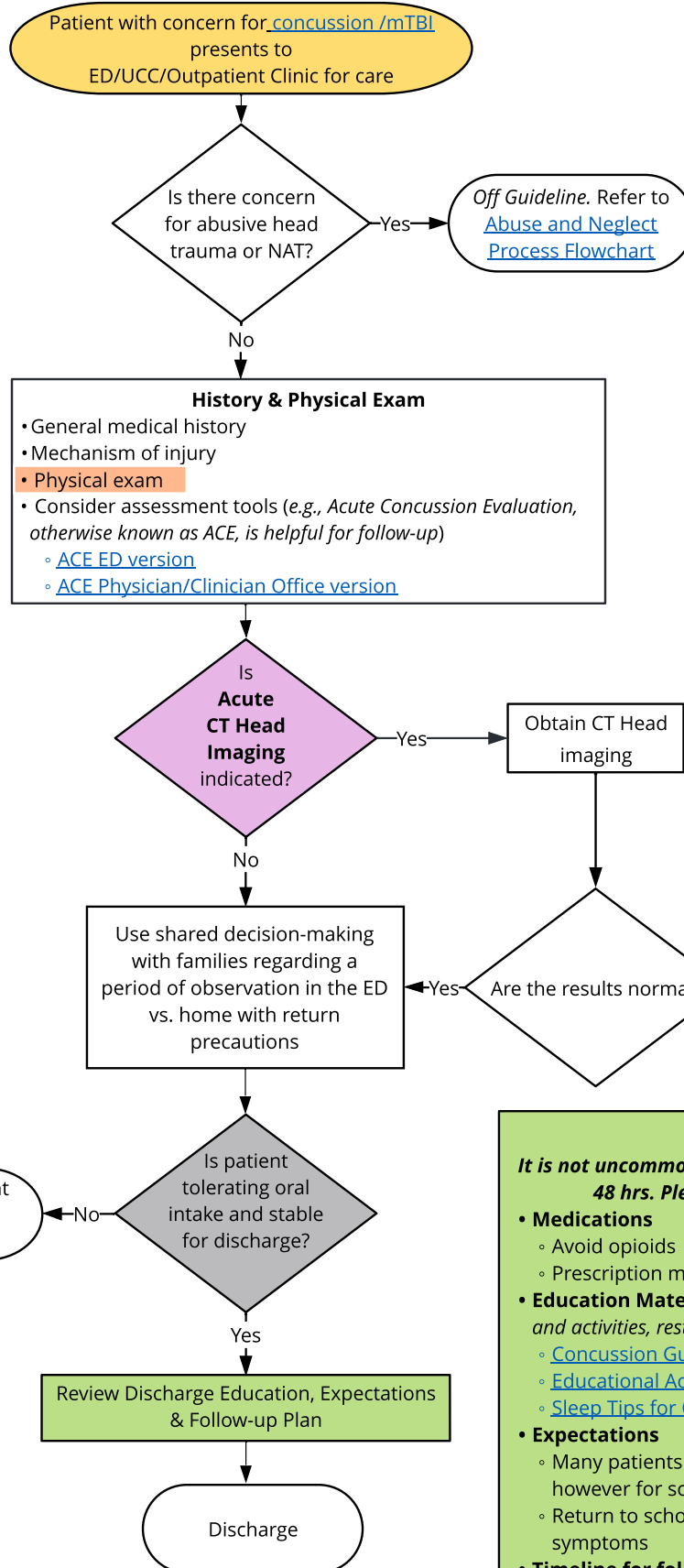
**Exclusion criteria:**

- GCS <14
- Concern for stroke (refer to [Stroke: Suspected](#))
- Concern for C-spine injury
- Child with global developmental delay

*Children meeting any of the above exclusion criteria may require a more extensive evaluation*

**Physical Exam**

- Head and neck exam
- Age appropriate neurological exam
- Consider [Vestibular/Ocular-Motor Screening \(VOMS\)](#)
- Balance assessment



**Acute CT Head Imaging Indications**

- Signs of altered mental status
  - Agitation
  - Somnolence
  - Repetitive questioning
  - Slow response to verbal communications
- Signs of basilar skull fracture

**Additional Considerations (Observation vs. CT based on clinical findings)**

- Combination or ≥ 2 of the following:
  - Loss of consciousness (*witnessed or documented*)
  - Severe or worsening headache
  - Multiple vomiting episodes
  - Worsening symptoms or signs
  - Severe mechanism of injury
    - Motor vehicle crash with patient ejection, death of another passenger, or rollover
    - Pedestrian or bicyclist without helmet
    - Helmet struck by a motorized vehicle
    - Falls of more than 1.5 meters (5 feet)
    - Head struck by a high impact object
- Physician/clinician experience

**Discharge Checklist**

*It is not uncommon for concussion symptoms to develop within 48 hrs. Please consult PCP if symptoms develop*

- Medications**
  - Avoid opioids
  - Prescription medications are often not necessary
- Education Materials** (includes information on return to school and activities, rest, headache management and screen time)
  - [Concussion Guidance](#)
  - [Educational Accommodations for Concussion](#)
  - [Sleep Tips for Children and Teens](#)
- Expectations**
  - Many patients will have symptom resolution within 3 weeks, however for some it may take a month or longer
  - Return to school may occur prior to full resolution of symptoms
- Timeline for follow-up**
  - Within 2 weeks for reassessment of symptoms
- Follow-up**
  - Competitive sports/athletes, follow-up with Sports Medicine
  - All others should follow-up with PCP initially

**May consider hospital admission for any of the following, though not limited to:**

- Trouble ambulating (*significant risk of fall/injury*)
- Persistent vomiting
- Uncontrolled pain

**Abbreviations :**

mTBI = Mild traumatic brain injury  
GCS = Glasgow coma scale  
NAT = Non-accidental trauma