

Concussion Management Protocol Summary

The Concussion Protocol was developed to fill needs highlighted in the literature. Current research shows that there continue to be issues with proper identification, management and referral of people with concussion at the Emergency Department and Primary Care Provider levels.

The Concussion Protocol suggests that healthcare providers conceptualize concussion as a 2 visit minimum diagnosis.

If a concussion is diagnosed at the first visit:

- The parent or adult patient is given a symptom checklist and asked to return at four weeks if symptoms persist. Giving the patient the checklist arms them with the knowledge of what to be looking for.
- If, at four weeks, symptoms persist, it is recommended that the patient be referred to a provider who can address their symptoms.
 - This early referral ensures that patients won't be floundering many months and even years after their injuries, dealing with symptoms and not knowing what to do about them – and perhaps no longer even connecting them back to their earlier brain injury. Referral options are listed on the protocol.

The provider is asked to follow up at each yearly check-up – specifically asking about the brain injury and any ongoing issues or changes in school or work performance. Although injuries do tend to improve with time, some people, especially children, develop issues (behavioral, emotional, cognitive and social) over time and those issues may need addressing. These issues are often not thought of as “medical” any longer, so they are not raised with the provider unless the provider specifically asks about them.

(Research supporting the development of the Concussion Protocol is in the Research Summary and References in the Brain Links Toolkits.)