

Mild head injury (concussion)

This information is provided by:



Discharge information

You have been given this information as your child has been assessed in the emergency department after having a concussion and is safe to go home.

This handout will tell you when to bring your child back to the ED, what to expect when you leave the ED and what you can do to manage any possible concussion symptoms and support your child in getting better.

When should you return to the Emergency Department?

Most children with a mild head injury or concussion (the mildest form of head injury) get better quickly but it is still important to closely monitor your child over the next **24-48 hours** to look for signs of a more serious head injury (see symptoms below).

help

If at any time your child is showing the following symptoms, seek medical help:

- Worsening symptoms of headache, confusion, irritability, vomiting or dramatic change in behaviour
- Drowsiness, fatigue, difficult to wake, flat or floppy*
- Bleeding or unusual watery discharge from the ear or nose
- Fits/seizures/twitching/convulsions/blackouts
- Complaining of blurred or double vision
- Poor coordination or clumsiness
- Face, arm or leg weakness
- Slurred or unclear speech
- Changes in your child's behaviour. E.g. confusion, irritability, continuous crying or inconsolable*

*Additional criteria for younger children or babies

In an emergency you should always call 000

If you're not sure what to do then you can contact your local health advice line.

**Victorian Virtual
Emergency Department:**
www.vved.org.au

How will my child feel?

Most children who are discharged from the ED will recover quickly. Your child may however experience a range of concussion symptoms as part of the normal healing process and will generally improve over time, including:

Physical symptoms

Headaches, nausea, dizziness, fatigue, visual problems, poor balance, sensitivity to light/noise

Changes in emotions

Anxiety, irritability, sadness, more emotional

Changes in thinking

Fogginess, difficulty concentrating, difficulty remembering, slower thinking

Sleep disturbances

Difficulty falling asleep or staying asleep, altered sleep length

These symptoms may appear right away, while other symptoms may not appear for hours or days after the injury.

How will my child recover?

Everyone's recovery experience is different and not everyone reacts the same way. While most children recover within two weeks of their concussion, some children continue to experience symptoms for more than four weeks after their injury.

Ideally your child should visit a GP 1-2 weeks post injury for assessment of post-concussive symptoms and to monitor your progress.

If you have concerns about your child's recovery, or your child is experiencing ongoing symptoms 3-4 weeks following their injury, please visit your GP to discuss a referral to specialist services (e.g. concussion clinic) for persistent post-concussive symptom management.



Ongoing symptoms? Treatment and support available via the MCR Concussion Essentials Clinic Study.

Scan this QR code or visit www.concussionessentials.com.au

Please
turn over

What steps can I take to help my child feel better once I leave the ED?

Stage 1: brief period of relative (not strict) rest (24-48 hours but no longer)



Relative (not strict) rest

For the first 24-48 hours after a head injury, you should encourage your child to:

- Return to light physical activity (e.g. walking) and activities of daily living.
- **Limit the use of screens** (e.g. television, phones, computers, gaming consoles).



Pain relief

Your child may have a headache after a head injury. Give them paracetamol or ibuprofen (not aspirin) every six hours if needed to relieve pain.



Sleep

Keep a normal sleep/wake routine. There is no need to wake your child during the night unless you have been advised to do so by a doctor. Call an ambulance immediately if you have any difficulty waking your child.

Stage 2: return to school and sport/physical activities

After a brief period of relative rest (24-48 hours following injury), your child can gradually return to school and non-contact physical activity.

The **Concussion Essentials (HeadCheck) app** is a concussion education and concussion recovery support tool and can be used to track and support this process: www.concussionessentials.com.au

Return to school: most children will return to school with no or minimal difficulty.

It is important to contact the school and let them know your child has had a head injury. If symptoms persist or get worse during thinking activities (e.g. reading), concentration or memory, the following return-to-learn steps can be used:

At home

1	Daily activities	Start with 5-15 minutes of typical activities your child does during the day (e.g. reading, board games) while minimising screen time. Gradually build up the amount of time spent on these activities.	Activities can continue to be increased as long as it does not result in more than mild, brief (less than 1 hour) worsening of symptoms.
2	School activities at home*	Complete light thinking activities outside of the classroom (e.g. homework, reading).	
At school			
3	Return to school part time*	Gradually introduce schoolwork with strategies to support learning. Some examples: your child may need shorter school days, frequent rest breaks, extra time, non-participation in tests.	*If activities result in more than mild, brief (<1hr) worsening of symptoms, stop and return to the previous step.
4	Return to school full time*	Gradually progress school activities until a full day can be tolerated.	

Return to sport: you should not return to sport until successfully returned to school.

The following steps can be used to guide returning to sport. Check with your sporting association as your particular sport might have its own rules.

1	Symptom limited activity	Daily activities that do not make symptoms worse e.g. walking.	Each step typically takes a minimum of 24 hours. If the activity results in more than mild, brief (less than 1 hour) worsening of symptoms, stop and try the exercise the next day.
2a	Light aerobic exercise	Gradually introduce activity at a slow pace e.g. walking, stationary cycling.	
2b	Moderate aerobic exercise	Gradually increase activity to a moderate pace. May start light resistance training.	
3	Individual sport-specific exercise	Sport specific training (e.g. running drills) but no team-based activities with a risk of head impact.	Steps 4-6 should only begin when symptoms have resolved. If concussion symptoms are experienced in steps 4-6 you should return to step 3 until symptoms are resolved including with and after exertion.
4	Non-contact training drills	Exercise to high intensity with harder training drills - can return to team environment (e.g. passing drills, multi-player training), but no contact.	
5	Full contact practice	Participate in normal training activities (e.g. sports practice) only if back to school full-time and medical clearance.	
6	Return to all sport	Normal game play (e.g. full contact game play)	