

Emergency Services

Concussion (Minor Head Injury) in Children

Your child has injured his or her head

Our medical team has not found any signs of a serious brain injury. A concussion is a type of brain injury that cannot be seen on regular X-rays or scans. It can affect the way a child thinks and remembers things, and it can cause a variety of symptoms.

It is safe for your child to go home in your care. It is important that you check your child carefully over the next 24 to 48 hours. As a parent, you are the best person to notice any unusual behaviour in your child.

How to check your child at home

Let your child sleep if he or she wants to. Sleep is good for your child but it is important to **check your child** over the next 24 to 48 hours.

Make sure your child:

- Knows his or her name
- Knows who you are
- Know where he or she is
- Wakes up as easily as he or she normally does
- Can hold your hand tight with both hands
- Has no blood or fluids in the ears or nose
- Is breathing easily
- Is not feeling a lot of pain

Trust your gut feeling about your child. Some signs of a brain injury are changes that only someone who knows the child well might notice.

Call 9-1-1 right away if your child:

- Loses balance when sitting or walking
- Falls or trips often
- Loses strength in an arm or leg
- Drops things
- Cannot see clearly (could complain of blurred vision or seeing double)
- Has any unusual movements or body jerks and twitches (seizures)

When to bring your child to Emergency

- You notice your child acting differently than his or her usual self.
- Your child has no energy or wish to do anything.
- Your child cannot do things he or she could do before the head injury.
- Your child is restless, irritable, or confused.
- You have trouble waking your child up.
- Your child has blood or yellow coloured fluid coming from the ears or nose
- Your child throws up (vomits) more than two times (once or twice is common and expected).
- Your child has a headache that gets worse or does not get better even with pain medicine.
- Your child is very young and:
 - Cannot be comforted or quieted
 - Will not breast feed or eat

Concussion (Minor Head Injury) in Children - *continued*

Over the next 24 hours

- You can give plain acetaminophen or ibuprofen for headache. (Tylenol is one kind of acetaminophen.)
Do not give sedatives or stronger pain medicines. They can cover up some important signs of injury. If simple pain medicines do not help, call your family doctor.
- Your child might feel sick to the stomach (nauseated) for a few days. Give small snacks and drinks rather than big meals.
- Keep your child where you can see him or her. Until your child is feeling well again, read or play quietly with your child. Do not allow rough play or games. Rest is important.

Tips for helping your child recover

- Make sure your child gets plenty of sleep at night and rest periods during the day.
- Make sure your child returns to normal activities gradually, not all at once.
- Limit noise and stimulation (such as TV, video games, iPads, computers and other electronics, loud music, etc.).
- Try to do one thing at a time with your child so your child does not get distracted.
- To help your child remember things, write notes and use a calendar.
- Talk about the injury with others who know your child (family members, friends, teachers, counsellors, babysitters, coaches, etc.). They need to understand what has happened so they can help.
- For school aged children, follow the 'Return to Learn' then 'Return to Play' Communication tools attached.

To learn more, it's good to ask

- Contact your family doctor if you have any questions or concerns.
- You can also contact HealthLinkBC - call 8-1-1 (7-1-1 for deaf and hard of hearing). For more information about head injuries, call or go online to www.HealthLinkBC.ca.

Web Resources on Concussion

Concussion Awareness Training Tool (CATT)

www.cattonline.com

Click on 'Awareness Toolkit'
For Parents, Players, and Coaches

Parachute Canada
parachutecanada.org

Click on 'Concussion Resources'

This information has been adapted with permission from 'Head Injury', Emergency Department, BC Children's Hospital (October 2012)

www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

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To order: <https://patienteduc.fraserhealth.ca>

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Return to Learn Protocol

This tool is a guideline for managing a student's return to school following a concussion. Timelines and activities may vary by direction of a health care professional.

AT HOME

STAGE 1

Physical & cognitive rest

- Basic board games, crafts, talk on phone, photography
- Physical activities that do not increase heart rate or break a sweat

Avoid:

- Computer, TV, texting, video games, reading

No:

- School work
- Sports
- Work
- Driving until cleared by a health care professional

Rest

When symptom-free for 24 hours begin **STAGE 2**

STAGE 2

Start with light cognitive activity:

Gradually increase cognitive activity up to 30 min. of activity

Prior activities plus:

- Reading, TV, drawing, Lego
- Limited peer contact and social networking
- Take frequent breaks

Contact school to plan return to learn

No:

- School attendance
- Sports
- Work

Gradually add cognitive activity including school work at home

Tolerates 30 min. of cognitive activity, introduce **school work at home**

Tolerates 60 min. of school work in two 30 min. intervals, begin **STAGE 3**

STAGE 3

Back to school: part time

Part-time school with maximum accommodations

Prior activities plus:

- School work at school as per return to learn plan

No:

- P.E.
- Physical activity at lunch/recess
- Homework
- Testing
- Sports
- Assemblies
- Field trips

Communicate with school on student's progression

Schoolwork only at school

Tolerates 120 min. of cognitive activity in 30 to 45 min. intervals, begin **STAGE 4**

STAGE 4

Part-time school

Increase school time with moderate accommodations

Prior activities plus:

- Increase time at school
- Decrease accommodations
- Homework – up to 30 min./day
- Classroom testing with adaptations

No:

- P.E.
- Physical activity at lunch/recess
- Sports
- Standardized testing

Communicate with school on student's progression

Increase schoolwork, introduce homework, decrease learning accommodations

Tolerates 240 min. of cognitive activity in 45 to 60 min. intervals, begin **STAGE 5**

STAGE 5

Full-time school

Full days at school, minimal accommodations

Prior activities plus:

- Start to eliminate accommodations
- Increase homework to 60 min./day
- Limit routine testing to one test per day with adaptations

No:

- P.E.
- Physical activity at lunch/recess
- Sports
- Standardized testing

Work up to full days at school, minimal learning accommodations

Tolerates school full-time with no learning accommodations begin **STAGE 6**

STAGE 6

Full-time school

Full days at school, no learning accommodations

- Attend all classes
- All homework
- Full extracurricular involvement
- All testing

No full participation in PE until Return to Play protocol completed and written medical clearance provided

Full academic load

Return to Learn protocol completed focus on **Return to Play**



A student is tolerating an activity if symptoms are not exacerbated.

Adapted from the Return to Learn protocol by G. F. Strong School Program (Vancouver School Board), Adolescent and Young Adult Program, G. F. Strong Rehabilitation Centre

Return to Play Communication Tool

Return to Learn should be completed before **Return to Play**.

<p>STAGE 1: No sporting activity Symptom-limited physical and cognitive rest</p>	<p>STAGE 2: Light aerobic exercise Walking, swimming, stationary cycling. No resistance training. Heart rate <70%</p>	<p>STAGE 3: Sport-specific exercise Skating drills (ice hockey), running drills (soccer). No head-impact activities</p>	<p>STAGE 4: Non-contact drills Progress to complex training drills (e.g., passing drills). May start resistance training</p>	<p>STAGE 5: Full-contact practice Following medical clearance participate in normal training activities</p>	<p>STAGE 6: BACK IN THE GAME Normal game play</p>
<p>Recovery</p>	<p>Increase heart rate</p>	<p>Add movement</p>	<p>Exercise, coordination, cognitive load</p>	<p>Restore confidence; assess functional skills</p>	<p>Symptom-free for 24 hours? Yes: Return to play No: Return to Stage 4 Time & date completed:</p>
<p>Symptom-free for 24 hours? Yes: Move to Stage 3 No: Return to Stage 1 Time & date completed:</p>	<p>Symptom-free for 24 hours? Yes: Move to Stage 4 No: Return to Stage 2 Time & date completed:</p>	<p>Symptom-free for 24 hours? Yes: Move to Stage 5 No: Return to Stage 3 Time & date completed:</p>	<p>Symptom-free for 24 hours? Yes: Return to play No: Return to Stage 4 Time & date completed:</p>	<p>Symptom-free for 24 hours? Yes: Return to play No: Return to Stage 4 Time & date completed:</p>	<p>Symptom-free for 24 hours? Yes: Return to play No: Return to Stage 4 Time & date completed:</p>

If symptoms reappear at any stage, go back to the previous stage until symptom-free for 24 hours. You may need to move back a stage more than once during the recovery process.

Medical clearance required before moving to Stage 5

