Assess for Red Flags Concussion/Head Injury symptoms and/or signs of raised intracranial pressure If no red flags severe or worsening headache > severe dizziness Standardized assessments* persistent vomiting (more) **1. Use a symptom scale** to track recovery, for example: than 3 times) Post Concussion Symptom Inventory (PSCI) Parent, Adolescent motor weakness and Child versions (incorporated in Heads up App) lowered level of b. Sports Concussion Assessment Tool (SCAT5) for ages 13 and consciousness, difficult to over (use the Child SCAT5 for ages 5-12) rouse disorientation, confusion 2. Assess injury and pre-morbid factors diplopia Concussion Evaluation checklist (PACE) seizure hard neurological signs 3. A Risk Score can help assess for those at risk of Persistent Post Concussion Symptoms (PPCS) (incorporated in Heads up App) Assessment of infants poor feeding, continued crying irritability, unusual agitation Management* physical and cognitive rest for 48 hrs graded return to school and activities (most children are back to school Re-assess every full-time by 2 weeks) 1-2 weeks **Emergency** III. graded return to sport Department IV. give symptom specific advice Recovery No Persistent symptoms (symptoms 4-6 weeks post-injury back to preinjury levels) Consider referral to Complex Concussion Yes Clinic at Queensland Children's Hospital (local and regional/remote children will be triaged and contacted by QPRS) Return to sport letter

Definition of Complex Concussion Case

Complex injury (e.g., possible rotational / neck injury, severe signs and symptoms)

Persistent increase in symptoms compared to baseline (greater than 4 weeks) without significant improvement (< 50% symptom change) History of multiple concussions where further opinion/referral is needed (accepted case by case basis)

https://www.childrens.health.qld.gov.au/childrens.health-professionals/referring-

patients/

^{*}Refer to Health Professionals section of website for assessment templates and further information on management