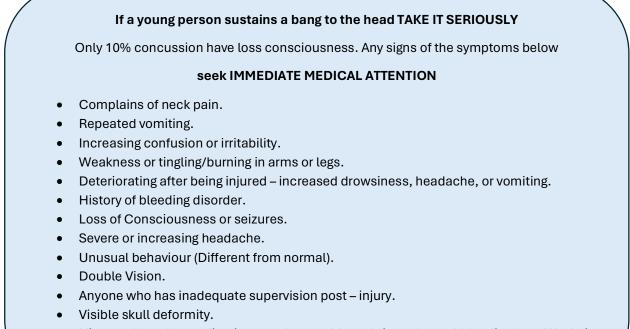
Concussion

Children & Adolescents

Information Sheet



• History of regular medication use that could result in prolonged bleeding (e.g. Warfarin, Aspirin).

First 24 – 48 hours

If none of the above it is still important to get the injury checked by your GP so it is lodged with ACC and the GP can provide instructions on future treatment and appointments.

For the first 48 hours observe, ask questions and be aware the symptoms may change over time or be delayed in presentation. Allow a person to sleep but monitor them by checking them every 2-3 hours to ensure symptoms are not deteriorating. **If there is a deterioration seek immediate medical attention**.

Recovery Phase

- The brain is working a lot harder, so it uses more energy, tiring easily requiring a lot of sleep and low impact environment.
- Regular rest brain breaks throughout the day are beneficial in managing the fatigue.
- A classroom is a stimulating environment causing problems with concentration, attention and cognition causing the student to fatigue quicker.
- Ensure adults who interact with the concussed person are informed of the concussion e.g. teachers, coaches, parents.
- Minimize screen time during the day and no screen time at least an hour before bed TV, Computers, mobile phones all interfere with the sleep process.
- Using the eye comfort shield on devices can be of assistance.

- Ensure a healthy balanced diet, avoid sugary or caffeinated drink.
- Keep hydrated.
- Sunglasses are a great choice for managing if a person is light sensitive.
- Sensitivity to noise is increased, avoid noisy places e.g. shopping malls, crowds. Use headphones or earplugs.
- The student may be more emotional than normal or have periods of irritability/anger.
- Resting when fatigued is critical in managing all symptoms allowing for a good recovery.

Returning to Activities

ACC Graduated Return to Education / Work & Sport Protocol

STAGE 1	DAY 1-2		 Relative Rest for 24-48 hours (e.g. light activities of daily living that do not provoke symptoms are ok) Minimise screen time. Gentle exercise
STAGE 2		Minimum of 24hours between stages before progressing	 Gradually introduce daily activities Activities away from school/work (introduce TV, increase reading, games etc) Exercise – light physical activity (e.g. short walks outside)
STAGE 3	DAY 2-13	Symptoms should be progressively improving	 Increase tolerance for mental & exercise activities. Increase study/work-related activities with rest periods. Increase intensity of exercise guided by symptoms
STAGE 4		If symptoms worsen drop back a stage	 Return to work/study & Sport training Part time return to work/education. Start training activity without risk of head impact
STAGE 5	Earliest day 14	Minimum of 7 days at Stage 5 before progressing	Return to normal work/study & sport- specific training. • Completion of Stages 1-4 AND • Fully integrated into work/school AND • Symptom Free • AND >Day 14 post-injury → reintegration into full sport-
STAGE 6	Earliest Day 21		specific training can occur Return to sports competition. • Completion of Stage 5 AND • Symptom Free during sports training • AND >Day 21 post-injury • AND the (player) has received medical clearance from doctor.

Brain Injury Otago can provide support, education and advocacy to you and your family around an injury. If you have any questions or need help understanding the ACC Concussion process

ring 03 471 6156 or email liaison.dunedin@brain-injury.org.nz

