

Concussion Action Plan

Patient's name: _____
Date of birth: _____ Age: _____ MRN: _____
Date of injury: _____ Medical evaluation by: _____

Concussion is an injury to the brain caused by a blow to the head or the body. Its symptoms can be very subtle in children.

The presence of any of the following symptoms makes for an immediate diagnosis of concussion (check or circle all that apply)

Physical	Cognitive (thinking)	Emotional	Sleep
<input type="checkbox"/> Headache	<input type="checkbox"/> Feeling mentally foggy	<input type="checkbox"/> Irritability	<input type="checkbox"/> Drowsiness
<input type="checkbox"/> Nausea	<input type="checkbox"/> Problems concentrating	<input type="checkbox"/> Sadness	<input type="checkbox"/> Sleeping more than usual
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Problems remembering	<input type="checkbox"/> Feeling more emotional	<input type="checkbox"/> Sleeping less than usual
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Feeling slowed down	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Trouble falling asleep
<input type="checkbox"/> Dizziness			
<input type="checkbox"/> Sensitivity to light			
<input type="checkbox"/> Sensitivity to noise			
<input type="checkbox"/> Numbness/ tingling			
<input type="checkbox"/> Visual problems			
<input type="checkbox"/> Balance problems			

Seek urgent medical attention if at any time the child develops HEAD BUMPS: (only one required)

H Worsening headache, seizure, unconscious.	B Balance dysfunction with weakness or numbness in legs/ arms.
E Worsening eye problems (blurred/ double vision).	U Unsteady on feet, slurred speech.
A Abnormal behaviour change.	M Memory impaired, confused, disoriented.
D Dizziness, persistent vomiting.	P Poor concentration, drowsy, sleepy.
	S Something's not right (concerned about child).

The patient does not display any symptoms of concussion and may resume regular activity. Some children can take a few days to develop symptoms. Should concussion symptoms occur, seek medical attention.

The patient did sustain a concussion and has been cleared to initiate the Concussion Action Plan, beginning on red zone. Prior to full activity the patient must complete the **Zone** and **Stepwise** program to gradually increase exertion levels to return safely to normal activity.

Doctor's signature: _____ Date: _____

Special considerations in children and adolescents

Typical post-concussion symptoms can include, but are not limited to headache, dizziness, visual changes, difficulty concentrating, feeling foggy, increased irritability, or difficulty falling or staying asleep.

Impediments to attending school that may require special attention and/ or more time for recovery include symptoms such as headache, light and/ or noise sensitivity, visual problems (in particular double vision), and difficulties with concentration and/ or memory.

Impediments to returning to physical activity that may require special attention and/ or more time for recovery include physical deconditioning, problems with balance and coordination, and exercise intolerance.

Visit kidshealth.org.au/concussion for information in managing the child's return to school and physical activity.

Seek urgent medical attention if your child deteriorates or develops any one of the symptoms of HEAD BUMPS

Red zone

REST PERIOD (Date started: _____)

Recommendations for days 1 and/ or 2 (first 24-48 hours) following injury: Rest child from any physical or cognitive activity.

Supportive care

- Encourage good sleep patterns.
- Provide regular meals to avoid swings in blood sugar which may cause headaches/ dizziness and a minimum of 2L of water per day.
- Use over-the-counter headache medication as prescribed by your doctor.

Check all that apply

Sleeping	In the mornings the child feels	Sleep	Other factors
<input type="checkbox"/> >9 hours	<input type="checkbox"/> Refreshed	<input type="checkbox"/> No phone 1 hour before sleep	Eating regular meals Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> <9 hours	<input type="checkbox"/> Tired	<input type="checkbox"/> No television 1 hour before sleep	Adequately hydrated Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Trouble falling asleep	<input type="checkbox"/> Washed out	<input type="checkbox"/> 1 hour of quiet time before sleep	Headache medicine Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Frequent awakening	<input type="checkbox"/> Fatigued	<input type="checkbox"/> No disruptions during sleep	Positive mental attitude Yes <input type="checkbox"/> No <input type="checkbox"/>

Orange zone

RELATIVE REST PERIOD (Date started: _____)

Recommendations for days 3, 4 and 5 (48-120 hours) following injury:

- Start low level physical and cognitive activity. Your child can now move around more freely. Activities may include:

5-10 minutes walking balance exercises like single leg stands and heel-toe walking cognitive tasks like crosswords or reading

- Use the Symptom Log Sheet to record your child's activity and symptoms. If activities cause symptoms, stop the activity and rest your child.

Supportive care

- Try to reduce and/ or stop headache medication once your child is more physically/ mentally active.
- Should sleep pattern remain a problem, then further assessment and possible treatment with melatonin may be considered. This will require medical supervision and is best discussed with your local GP.

Seek a medical evaluation from your GP for your child before progressing to the next zone. Take your symptom log sheet with you. The GP may use a number of tools (available at kidshealth.org.au/concussion) to assess whether concussion symptoms are provoked (for example the symptom score card, step test, visual test).

The patient has been cleared to progress to the Yellow zone.

Doctor's signature: _____ Date: _____

Yellow zone

GRADED RETURN TO ACTIVITY (Date started: _____)

Do not progress to the next step unless symptom-free for 24 hours.

Step 1 - Light cognitive and physical activity

- Progress toward 30 minutes of cognitive exertion without an increase in symptoms.
- Can perform 10–15 minutes of light aerobic activity without an increase in symptoms.

Step 2 - Moderate cognitive and physical activity

- Part-time school with accommodations (rest breaks, minimal homework, no exams) until able to handle 60 minutes or more of cognitive exertion without an increase in symptoms.
- Specific skills and moderate aerobic activity for 20–30 minutes.

Step 3 - Extended activity

- Progress towards full-time school with minimal accommodations.
- More intense aerobic and skill-based activity on a more regular basis.

Green zone

RETURNING TO PRE-INJURY ACTIVITY (Date started: _____)

Once a child is performing regular cognitive and physical activity without symptoms, they are ready to progress as follows:

Step 4 – Pre-injury activity (without contact)

- Full time school with minimal accommodations progressing when able to handle all classroom activities.
- Attend full activities or sport practice, however with no contact or collision activities.
- Return to your GP to be cleared for progression to step 5.

Step 5 - Reconditioning (without contact)

- Full school.
- Prepare for return to play with extra aerobic and (if relevant) resistance training, restrictions for contact or collision activities remain for 14 days from the date of clearance (below).
- Progressively return to non-contact sports over the next few weeks (For example 10 mins → half game → full game).

Step 6 - Full activity (with contact)

- Once your child has been symptom free for 14 days, they may return to all activities without restriction, including contact and collision sports.

The patient did sustain a concussion at the time of injury and has successfully completed all the relevant return to activity steps and may resume regular activity, with the exception of contact or collision activities for 14 days from the date of clearance.

Doctor's signature: _____ Date of clearance: _____ Doctor's name: _____