



The official fundraising arm of the
Royal Alexandra Children's Hospital.

Our aim is to provide information that will help you understand
your child's injury and enable the appropriate after-care.

There are lots of useful injury leaflets to download at the Royal
Alexandra website; use the QR code below or follow the link:

bsuh.nhs.uk/alex/services/accident-and-emergency/



Useful numbers:

NHS 111 - 24hr advice line

Practice Plus (Brighton walk-in Centre) 0333 321 0946

Practice Plus GP - 0300 130 3333

8am/8pm - 7 days a week



Disclaimer: The information in this leaflet is for guidance purposes only and is in no way intended
to replace professional clinical advice by a qualified practitioner.
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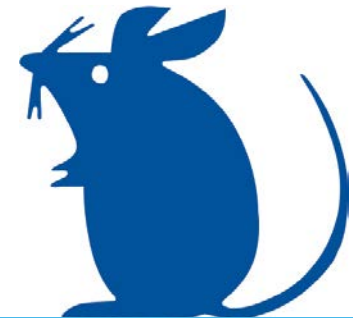
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University Hospitals Sussex
NHS Foundation Trust

the
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Children's Emergency Department



Concussion

Information for parents, carers & relatives

What is concussion?

Concussion is a type of mild brain injury. It occurs after a bump, blow or jolt to the head which cause chemical changes in the brain, and sometimes damage to the brain cells. Most concussions happen whilst playing sports, but can also happen from car or bicycle accidents, fights, or falls. Concussions generally don't show up on CT or MRI scans, so are diagnosed based on your child's symptoms and examination findings.

For most children, concussion is a minor event that has no lasting side effects but for some children, the effects can last several weeks or even longer.

What are the symptoms of concussion?

Your child may have been knocked out (called a loss of consciousness), however you don't have to get knocked out to have a concussion. Symptoms of a concussion usually happen right away, but can show up hours or days after an injury.

Signs and symptoms of a concussion include:

- headache
- blurred or double vision
- dizziness, balance problems, or trouble walking
- confusion and saying things that don't make sense
- being slow to answer questions
- slurred speech
- nausea or vomiting
- not remembering what happened
- not feeling well

How do I reduce the risk of my child getting another concussion?

To reduce the risk of further concussions, ensure that:

- Your child always wears the recommended equipment when taking part in a contact sport, such as rugby or boxing
- any contact sport your child is taking part in is supervised by a properly qualified and trained person
- your child wears a seatbelt
- your child wears a helmet when riding a motorcycle, bicycle, scooter or horse

Children who get another head injury should never ignore symptoms or try to "tough it out." They need to stop the sport or activity they are doing and get medical care right away.

Where can I get more information?

For more information regarding concussion, and returning to school or sports, please visit the website below (also at <https://canchild.ca/en/diagnoses/brain-injury-concussion/brain-injury-resources>)



Step 4: Practice with the team, no contact training

Something that requires more concentration such as passing a ball in training. No heading the ball, tackling or scrumming.

Step 5: Full contact practice

If agreed by your child's GP or doctor, a return to normal participation in training activities.

Step 6: Return to sport

Normal gameplay and matches.

What are the possible complications of concussion?

Post-concussion syndrome

In some children the symptoms of concussion may last weeks, months or possibly even longer. This is called post-concussion syndrome and can lead to problems at school and at home.

If your child's symptoms are prolonged, your GP may refer them to a specialist or rehabilitation service to support them.

Second-impact syndrome

It is important that your child does not get another head injury before the concussion has fully healed, as it would put them at risk of second-impact syndrome.

Although very rare, second-impact syndrome can cause lasting brain damage and even death.

In the next few days or weeks your child might experience

- Tiredness
- Trouble concentrating
- Learning or memory problems
- Headaches and/or noise sensitivity
- Sleep problems
- Mood problems such as feeling sad, easily upset or angered, or anxious
- Dizziness or nausea

When should I come back to hospital?

If your child:

- Is sleepy and you can't wake them
- Is repeatedly vomiting
- Has a bad headache that is getting worse despite pain medicine
- Has difficulty speaking or understanding what you are saying
- Has weakness in their arms or legs or is very unsteady on their feet
- Has a convulsion or fit

Phone 999 for an ambulance or go straight to the nearest A&E department

How is concussion treated?

If a child or young person has had a concussion it is important that they have rest (both mental and physical) and don't do anything that might worsen their symptoms.

For the first 24 - 48 hours your child will need to be watched closely and should have complete brain rest. This means no activities, sports, reading, TV, games, tablets and phones.

- Give them paracetamol or ibuprofen for pain as needed. Always follow the instructions on the bottle
- Maintain a good bedtime routine to help them get a good nights' sleep.
- Your child may not feel like eating. In this case, don't force them but make sure they drink plenty

After this it is recommended that your child has a graded return to sports, activities, and school using a step-wise approach. If symptoms come back during return to activities, your child will need to go back a step.

It is important that your child avoids sports or strenuous exercise for at least a week, and **must avoid contact sports for at least 3 weeks** to avoid the risk of getting a further injury, which could make your child seriously unwell.

If your child still has symptoms after 2 weeks, or you are unsure about returning to activities, make an appointment to see your child's GP to discuss.

Returning to school

Step 1: Rest

24-48 hours off school. Rest and only do activity that doesn't worsen symptoms. Activities such as watching television, texting or using a computer might make symptoms worse, so try to limit this as much as possible.

Step 2: Preparing for going back to school

Some reading, homework or other activities at home that involve some level of concentration. Short walks.

Step 3: Return to school part-time

E.g. a half day or with longer breaks during the day.

Step 4: Return to school full-time

Gradually taking part in more school activities until a full day is possible.

Step 5: Full return to school and day-to-day activities

If no symptoms are present, your child should be able to return to normality at school and take part in everyday activities.

*There should be a minimum of 24 hours between each step.

Returning to sport and activities

Step 1: Limited activity

Daily activities that do not increase symptoms. E.g. a short amount of time reading a book.

Step 2: Light activity and exercise

Walking or cycling at a slow to medium pace. Or something similar that raises the heart rate.

Step 3: Return to sport-related exercise

E.g. Running. No games or sport that might lead to a blow to the head, such as football.