# **Clinical Concerns** for consideration for urgent early intervention rehabilitation on discharge – presence of one or more of these following a negative CT Scan

# Ward discharges – patient has been admitted to ward, following ED stay

Cohort A:

**Patient has any one of the following requires an urgent referral to Training for Independence Services OR Concussion Services for followup within 5 days of discharge from hospital**

* Declined Intensive Inpatient Rehabilitation but meets criteria
* Duration of PTA greater than 24hrs
* Previous protracted Concussion or TBI
* High acute symptom reporting (eg more than or equal to 16 on the Rivermead)
* Presence of vestibular ocular issues
* Self Discharges in PTA

Cohort B:

**Patient is exhibiting one or more of the below issues with mild to moderate symptom reporting – clinical reasoning to be utilised in determining consideration for referral to Concussion Services OR for followup for phone screening within 1 week of Discharge**

* High velocity mechanism of injury (MVA, high fall)
* Emotional or psychological trauma associated with injury (e.g. multi-traumas, natural disaster, home invasion, assault, fatal car accident, violence, domestic abuse – interpersonal violence)
* Polytrauma
* Prolonged Loss of Consciousness (e.g. > 10 minutes)
* Socially isolated/lack of social supports to monitor recovery
* Prior neurological history (evidence of neurodevelopmental disorder, epilepsy, migraine)
* History of mental health issues and or substance abuse
* Mild-moderate symptom reporting (eg up to 15 on the Rivermead)
* **High risk job**, (eg works at heights, uses machinery, driving, flying);   
  **Physically demanding job** (eg on feet all day, high level sportsperson);   
  **Cognitively demanding job/study load** (medical/health practitioner, pilot, lawyer, engineer, teachers, labourers, students (higher secondary schooling and tertiary level)  
  **Visually demanding job** (using a screen all day)

***NB: those under 25yrs or over 65yrs or Māori or Pasifika that have these concerns have greater risk***

Cohort C:

Patient referred to GP for follow up within one week of Discharge from hospital, if no GP consider referral to Concussion Provider for phone screening

* Does not meet Cohort A or B with a negative scan
* Recovered well on the ward
* Mild symptom reporting
* Good social supports
* No prior mental health issues
* Low risk job/cognitive demands
* Has a GP