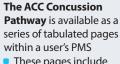
The ACC Concussion Pathway for primary care



Nο





These pages include details regarding the specific questions and assessments to be undertaken



Completed by a general practitioner



15 minutes



A person with a suspected concussion presents **in primary care** (either self-referral, or via referral from emergency department, urgent care clinic or a physiotherapist)

First consultation (i.e. a routine general practice appointment)

- Obtain consent for data to be used in Pilot Study
- Lodge initial ACC45 claim
- Perform targeted physical examination, primarily looking for serious structural head or cervical spine injury; additional neurocognitive and physical tests can be performed if time permits, as required
- Evaluate the patient using the Brain Injury Screening Tool (BIST) and consider whether a provisional concussion diagnosis is warranted or red flags are present
- Provide verbal and written information on concussion and management advice, including recommendation for 24 – 48 hours of rest if the second appointment cannot occur promptly

Sufficient time to fully assess

patient, make diagnosis, and

deliver management advice?

Second consultation (as soon as possible)

diagnosis of concussion, if required

learning disorders, migraines

previous appointment

Complete BIST (if there was insufficient time in first

Deliver more comprehensive neurocognitive and

physical assessments, leading to a confirmed

Consider medical history for features that may

Provide more comprehensive patient education

Consider need for referral or follow-up consultation

influence recovery progress, e.g. mental health issues,

If second appointment does not takes place promptly, have general discussion about progress since the

Consider need for referral or book subsequent consultation



Consider emergency department referral if red flags are present, such as:

- Serious structural head or cervical spine injury
- Persistent vomiting
- Prolonged loss of consciousness
- Seizure reported



Consider referral to concussion services if:

- Symptoms not improved at follow-up appointments and are impacting on everyday activities
- >14 days has passed before patient presented in primary care and there is no improvement

Direct referral to service provider



Consider referral to primary care allied health professional,

such as a physiotherapist (e.g. if there are prominent vestibular symptoms), chiropractor, osteopath, acupuncturist

Yes

These appointments







15 or 30 minutes, as needed



Co-payments covered by ACC

See "New concussion purchasing codes are available"

Compensation Corporation;

BIST, Brain Injury Screening Tool: PMS, patient management system.

Abbreviations:

ACC, Accident

Follow-up consultation (7–10 days later)

appointment)

- Repeat symptom scoring and compare to previous BIST score
- Consider need for additional assessments of recovery if appropriate
- Provide reassurance regarding recovery progress and reinforce concussion management advice
- Consider need for referral



Is the patient sufficiently recovering?





Consider alternative diagnoses and schedule additional follow-up appointments as required



Return to independence, in accordance with graduated return to sport-, school- and work-plans (see: "An overview of concussion/mild traumatic brain injury management for primary healthcare professionals")