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Re: Official Information Act request – Sports Related Concussions - ADHB Ref: 20220223-1161

I refer to your Official Information Act request dated 25 January 2022 requesting the following information:

- 1. What process would a patient go through when presenting at a Hospital accident and emergency with a suspected sports-related concussion?**
- 2. Do hospital emergency departments give clearance for return-to-sport on the day of a suspected concussion incident?**
- 3. Is there a process followed to give a clearance for a sports related concussion on the day of the incident?**

Response

We have provided the information you have requested under each of the following headings:

- 1. What process would a patient go through when presenting at a Hospital accident and emergency with a suspected sports-related concussion?**

Adult Emergency Department

This assessment involves a combination of medical history, examination and observation to determine if there is a need for a cranial computerized tomography (CT) scan. If after assessment a CT scan is determined to be not required, or if a CT scan does not show evidence of intra-cranial injury, the patient will be assessed for suitability for discharge. This assessment involves a number of factors including current symptoms, examination and social factors (e.g. time of day, distance from hospital). We utilise a screening tool, the Modified Westmead score to help us delineate who requires admission and who is suitable for discharge and community follow up either by their GP or Concussion clinics. The vast majority of patients are suitable for discharge.

Children's Emergency Department

If presenting within 72 hours of injury assessment for evidence of suspected intra-cranial injury we use the Predict guideline (see <https://www.predict.org.au/head-injury-guideline/>; Babl et al. Emergency Medicine Australasia 2021 doi: 10.1111/1742-6723.13722). This assessment involves a combination of medical history, examination, and observation to determine if there is a need for a cranial CT scan. If after assessment a cranial CT scan is determined to be not required, or if a CT scan does not show evidence of intra-cranial injury, the patient will be assessed for suitability for discharge. This assessment involves a number of factors including current symptoms, examination and social factors (e.g. time of day, distance from hospital). The vast majority of patients are suitable for discharge. At discharge patients will be advised to have follow-up with their general practitioner in 1-2 weeks.

2. Do hospital emergency departments give clearance for return-to-sport on the day of a suspected concussion incident?

Adult Emergency Department

We do not clear patients with a diagnosis of concussion or suspected concussion to return to sport from the Emergency Department. We ask them to follow up with their GP or concussion clinic whichever is deemed appropriate at the time of assessment. Please see attached our Mild Head Injury/Concussion advice sheet Attachment 1. Head Injury Patient Information.

We give this to patients on discharge from the Emergency Department. This sheet does have return to sport advice on it, but requires patient to get medical clearance to return to sport. We do not provide the medical clearance.

Children's Emergency Department

We don't usually clear a child to return to sport on the day of a suspected concussion incident. However, occasionally a patient may present with possible sports-related concussion, and the final diagnosis is deemed not to be concussion or head injury

3. Is there a process followed to give a clearance for a sports related concussion on the day of the incident?

Adult Emergency Department

If concussion is diagnosed or suspected on presentation to the ED, on the day of incident, we do not give medical clearance for a patient to return to sport. See our response to Q2 above.

Children's Emergency Department

For children presenting to Children's Emergency Department, this is generally not appropriate. The evidence is modest at best. The evidence is from a large prospective observational study in Canada suggests that identification of children presenting acutely in the emergency department with head injury who are at risk of subsequent persistent post-concussive symptoms. (See Zemek et al. JAMA 2016; 315: 1014–25).

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours sincerely,



Ailsa Claire
Chief Executive
Te Toka Tumai (Auckland District Health Board)

Encl.