Tool 15.1 Considerations for Telemedicine and Virtual Care Algorithm

Suspect acute concussion

Previous medical assessment completed by another primary care provider?

Yes

Worrisome clinical features documented on patient referral (e.g., abnormal diagnostic imaging)?

No

Access to secure telemedicine services?

Yes

Virtual Medical Assessment

No*

Yes

In-person Medical Assessment

Low Risk

High Risk

<table>
<thead>
<tr>
<th>Overall clinical status</th>
<th>Symptoms stable, improving, or resolved</th>
<th>Symptoms worsening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presence of subjective red flags (e.g., neck pain, diplopia)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Physical examination</td>
<td>Satisfactory/no objective red flags</td>
<td>Unsatisfactory/objective red flags</td>
</tr>
</tbody>
</table>

Risk stratification for alternative clinical diagnosis or co-existing condition requiring in-person assessment

Diagnosed concussion

Virtual Medical Follow-up (1-2 weeks following acute injury)

* All providers should be aware of current public health recommendations when providing care for their patients


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