

## Concussion Home Take Home Instructions

I believe that \_\_\_\_\_ has sustained a concussion. He/she was injured \_\_\_\_\_(date) with the following signs and symptoms.

<input type="checkbox"/> Blurred vision	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Excessive sleep	<input type="checkbox"/> Easily distracted
<input type="checkbox"/> Fatigued	<input type="checkbox"/> Feel "in a fog"	<input type="checkbox"/> Headache	<input type="checkbox"/> Inappropriate emotions	<input type="checkbox"/> Irritability
<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Loss of orientation	<input type="checkbox"/> Memory problems	<input type="checkbox"/> Nausea	<input type="checkbox"/> Nervousness
<input type="checkbox"/> Personality change	<input type="checkbox"/> Poor balance/coordination	<input type="checkbox"/> Poor concentration	<input type="checkbox"/> Ringing in the ears	<input type="checkbox"/> Seeing stars
<input type="checkbox"/> Sensitivity to light	<input type="checkbox"/> Sensitivity to noise	<input type="checkbox"/> Sleep disturbance	<input type="checkbox"/> Vacant stare, Glassy eyed	<input type="checkbox"/> Vomiting

Other:

**He/she must have follow up visit with the physician of your choice, complete the Return To Play Protocol, complete the Concussion Management Protocol with signatures, and be cleared to play. The Concussion Management Protocol Return To Play documentation form provided to you must be completed and returned to \_\_\_\_\_, the appropriate school authority, before the athlete can participate in practice or games.**

Please review the items in the physician referral checklist. If any of these problems develop prior to his/her visit, please

call \_\_\_\_\_ at \_\_\_\_\_ or contact the local emergency medical system to your family physician. Otherwise, you can follow the instructions outlined below.

### **It is ok to:**

- Use acetaminophen (Tylenol) for headaches
- Use ice on the head and neck as needed for comfort
- Eat a light diet
- Return to school
- Go to sleep
- Rest (no strenuous activity or sports)

### **There is NO need to:**

- \* Check eyes with penlight
- \* Wake up every hour
- \* Test reflexes
- \* Stay in bed

### **Do NOT:**

- \* Drink alcohol
- \* Eat spicy foods

## Physician Referral Checklist

1. Loss of consciousness on the field
2. Amnesia lasting longer than 15 minutes
3. Deterioration of neurologic function
4. Decreasing level of consciousness
5. Decreased or irregular breathing
6. Decreased or irregular pulse
7. Increase in blood pressure
8. Unequal, dilated, or unreactive pupils
9. Cranial nerve deficits
10. Any signs/symptoms of associated injuries in spine or skull fracture or bleeding
11. Mental status change (lethargy, difficulty maintaining arousal, confusion, agitation)
12. Seizure activity
13. Vomiting
14. Motor deficits subsequent to initial on-the-field assessment
15. Sensory deficits subsequent to initial on-field assessment
16. Balance deficits subsequent to initial on-field assessment
17. Cranial nerve deficits subsequent to initial on-field assessment
18. Post-concussion symptoms that worsen
19. Additional post-concussion symptoms as compared to those present on-field
20. Athlete is still symptomatic at end of game
21. Post-concussion symptoms worsen or do not improve over time
22. Post-concussion symptoms begin to interfere with athlete's daily activities (sleep, cognitive difficulties)