

NHHS Concussion Evaluation and Reentry to School and Sports

Dear Parent/Guardian,

Your child is being referred to their physician for symptoms of possible concussion. Please ask your physician to complete the Physician Concussion School Care Plan Form at your visit. The completed form should be given to the school nurse or athletic trainer as soon as your child returns to school. This personal plan is based on your child's symptoms and is designed to speed your child's recovery, both mentally and physically. It may also assist in preventing further injury.

Today the following symptoms were noted to be present (circle all that apply):

Physical		Thinking	Emotional	Sleep
Headaches	Sensitivity to light	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Visual problems	Vomiting	Feeling more slowed down	Nervousness	Trouble falling asleep
Balance problems	dizziness			

Call your doctor or go to the Emergency Room if you suddenly experience any of the following:			
Headaches that worsen	Look <u>very</u> drowsy, can't be awakened	Can't recognize people or places	Unusual behavior change
Seizures	<u>Repeated</u> vomiting	Increasing confusion	Increasing irritability
Neck pain	Slurred speech	Weakness/numbness in arms/legs	Loss of consciousness

RN or ATC signature _____ Date _____

Returning to Daily Activities

1. Get lots of rest. Be sure to get enough sleep at night- no late nights. Keep the same bedtime weekdays and weekends.
2. Take daytime naps or rest breaks when you feel tired or fatigued.
3. No physical activity until you are symptom free. This includes Physical Education Class, school and club sports practices, intramurals, weight-training, running, exercising, dancing, or heavy lifting for at least 7 days.
4. Limit thinking and concentration activities such as homework, class work load, reading, computer/cell phone use, loud music, television watching, job-related activity, etc.
5. Drink lots of fluids and eat carbohydrates or protein to main appropriate blood sugar levels.
6. As symptoms decrease, you may begin to gradually return to your daily activities. If symptoms worsen or return, lessen your activities, rest and then try again to increase your activities gradually.
7. During recovery, it is normal to feel frustrated and sad when you do not feel right and you can't be as active as usual.
8. The athletic trainers and school nurses will provide repeated evaluation at school to assist with safe return to full activity. School Counselors, the Intervention and Referral Services Team will share the concussion reentry plan with teachers and assist your child in balancing recovery and school work. Your child will also need help from their parents, teachers, and coaches to help monitor their recovery.

Physician Concussion School Care Plan Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC web site (www.cdc.gov/injury). All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury.

Student's Name _____ Date of Birth: _____

Date of Injury: _____

Date of Evaluation: _____

The following are my recommendations at the present time:

1. _____ Initial evaluation reveals no evidence of a concussion. Cleared for full academic and athletic activities.

2. _____ Student does have a concussion.

a. _____ No school or school academic activities at this time. Complete rest. No physical activity. No activities that could increase symptoms such as reading, television, video games, computer or cell phone use, loud music, social events, club activities, or driving.

b. _____ Student may return to school on _____

Optional accommodations: elevator key, extra time between classes, sunglasses, ear plugs.

(Check all appropriate academic recommendations – all checked areas will be shared with the student's teachers and the Intervention & Referral Services Team):

- _____ Full day
- _____ Shortened day
- _____ Shortened classes (i.e., rest breaks during classes as needed)
- _____ Allow extra time to complete coursework/assignments and tests
- _____ Lessen homework load
- _____ No classroom or standardized testing at this time
- _____ No athletic activities in or out of school, no music, band, chorus, or extracurricular school activities
- _____ Take rest breaks during the day as needed
- _____ Report to the health office if any concussion symptoms occur during the school day
- _____ Other _____

3. _____ Concussion resolved. Cleared for full academic participation. Construct a plan to complete missed academic work to keep stress levels low. Cleared for all physical activities without restrictions.

If the student is an interscholastic athlete, they must complete the school's return to play concussion protocol which includes a mandatory 7 day symptom free rest period, passing the ImPACT test and completing the Graduated Return-To-Play Exercise Protocol.

Date of next evaluation: _____

Medical Office Information (Please Print/Stamp)

Physician's Name _____ Physician's Signature _____

Physician's Office phone _____ Office Address _____