

NHCS CONCUSSION CARE PLAN

Adapted from Gerard Gioia, PhD & Micky Collins, PhD/NATA Position Statement

Patient Name: _____ DOB: _____ DOI: _____

You have been assessed with a head injury (also known as a concussion or mild traumatic brain injury). This personal plan is based on your symptoms and is designed to help speed your recovery. Your careful attention to it can also prevent further injury.

Rest is the key. You **should not** participate in any physical activities (i.e. Sports, PE, riding a bike, etc.) if you have any of the symptoms below. It is important to limit activities that require a lot of thinking or concentration (homework, job-related activities, etc), as this can also make your symptoms worse.

The following symptoms are present (circle or check).

___ No reported symptoms

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

Red Flags: Call 911 or go to the nearest emergency room if you suddenly experience any of the following:

- *Headaches that worsen
- *Severe behavior change
- *Increased irritability
- *Loss of consciousness
- *Increased drowsiness, can't be awakened
- *Seizures
- *Severe Neck pain
- *Unequal pupils (black circles in eyes)
- *Repeated vomiting/profuse vomiting
- *Increased confusion/can't recognize people or places
- *Weakness or numbness in arms or legs
- *Slurred speech

Appropriate Home Management

1. Monitor for red flag symptoms for 24 hours.
2. Use acetaminophen (Tylenol) for headaches as directed on bottle.
3. Use ice pack on head and neck as needed for comfort.
4. Drink plenty of fluids and carbohydrate rich meals to maintain blood sugar levels.
5. Allow athlete to sleep normally, but monitor every few hours (you do not have to wake them)
6. Eliminate physical activity
7. Eliminate cognitive activity that requires a lot of thinking or concentration.
8. Keep athlete home from school until severe symptoms subside.
9. Eliminate TV, video/computer games, and cell phone usage.
10. Get plenty of rest. Be sure to get enough sleep at night- no late nights. Keep the same bedtime weekdays and weekends.

Physician Management

Athlete will require a physician visit for clearance to participate again in athletics

ATHLETE MAY NOT RETURN TO SPORTS UNTIL ASYMPTOMATIC FOR 7 DAYS

ATC SIGNATURE: _____

DATE: _____

GUARDIAN SIGNATURE: _____

DATE: _____