

Home Instructions for Parents & Concussed Athlete

Athlete _____ Date of Injury _____ Sport/Activity _____

Parent/Guardian Name _____ Phone _____

1. Your son/daughter is suspected of having sustained a concussion. Today, the following signs and symptoms of a concussion were observed:

SIGNS - observed by Coach/others

- ☐ Loss of Consciousness
- ☐ Seizure activity
- ☐ Can't recall events prior to injury
- ☐ Can't recall events after injury
- ☐ Disoriented (as to self, place, time)
- ☐ Confusion (as to injury, plays)
- ☐ Moves clumsily, unsteady
- ☐ Appears dazed, stunned
- ☐ Memory Problems
- ☐ Answers questions slowly
- ☐ Asks same question repeatedly
- ☐ Vacant stare, glassy eyed
- ☐ Easily distracted
- ☐ More emotional
- ☐ Behavior/Personality changes
- ☐ Unusually Irritable

SYMPTOMS - reported by Athlete

- ☐ Headache
- ☐ Nausea, vomiting
- ☐ Dizziness or Balance Problems
- ☐ Difficulty concentrating
- ☐ Feeling sluggish or "slowed-down"
- ☐ Feeling "in a fog" or "foggy"
- ☐ Difficulty remembering things
- ☐ Double or Blurred Vision
- ☐ Bothered by light or noise
- ☐ Drowsiness
- ☐ Fatigue
- ☐ Difficulty falling asleep
- ☐ Sleeping less than usual
- ☐ Sleeping more than usual
- ☐ Nervousness
- ☐ Sadness

2. The following steps were taken for your son/daughter by coaches or school personnel:

- ☐ Removed from participation
- ☐ Checked for a neck/spinal injury
- ☐ Checked if immediate emergency care was needed
- ☐ Assessed orientation, memory, concentration, and balance
- ☐ Restricted from any further participation and exertional activities
- ☐ Continued to be observed and monitored by coaches and school staff
- ☐ Informed them of the need to be evaluated by appropriate licensed healthcare professional (MD, DO, Athletic Trainer, Neuropsychologist)

3. The school directs your son/daughter to be evaluated by an appropriate licensed healthcare professional (LHCP), i.e. MD, DO, Neuropsychologist, or Athletic Trainer, **AND** your son/daughter will need written clearance from a LHCP, and written clearance from you - the parents/guardian, before your son/daughter can be allowed to return to activity or athletic participation (*LB260 Nebraska Concussion Awareness Act, July 2012*).

Recommendations provided to: _____ Date: _____ Time: _____

Recommendations provided by: _____ Phone #: _____

Please Review Reverse Side for Additional Information Regarding Concussions

Observing and Monitoring Signs & Symptoms of a Concussion

In some instances, Signs & Symptoms of a concussion may not become apparent until several hours or even days after the injury. Therefore, your son/daughter should be monitored closely over time, and checked for any of Signs and Symptoms listed on the front side of this form. A good guideline is to note signs/symptoms that worsen, and behaviors that seem to represent a change in your son/daughter. Please be especially observant for Signs and Symptoms listed below. The following indicate the need to report immediately to the nearest emergency department for medical care, or in an emergency, to activate Emergency Medical Services (EMS) by dialing 911:

1. Headaches that increase in intensity
2. Vomiting
3. Decreased or irregular pulse OR respiration
4. Unequal, dilated, unreactive pupils
5. Slurred speech
6. Seizure activity
7. Changes in level of consciousness, very drowsy, difficulty awakening, or losing consciousness
8. Can't recognize people or places, or becomes increasingly confused

If you have any question or concern about the signs or symptoms you are observing, contact your family physician for instructions, or seek medical attention at the closest emergency department. Otherwise, you can follow the instructions outlined below.

It is OK to:

- Go to sleep
- Rest; periodic naps when fatigued/tired
- Use acetaminophen (Tylenol) for headaches
- Use ice pack on head & neck for comfort
- Eat a light diet, carbohydrates
- Drink fluids, stay hydrated

There is NO need to:

- Check eyes with a flashlight
- Wake up every hour
- Test reflexes
- Stay in bed

DO NOT:

- DO NOT exercise or lift weights
- DO NOT do strenuous activity including PE, at work, play sports, video games, texting, or use computer
- DO NOT take ibuprofen, aspirin, naproxen or other non-steroidal anti-inflammatory medications (NSAID)
- DO NOT drive vehicle while having symptoms
- DO NOT drink alcohol

Adapted from National Athletic Trainers Association Position Statement: Management of Sports-Related Concussion. J Athl. Trng. 2004;39(3):280-297.

Returning to School

In some circumstances, the following recommendations may be indicated by the licensed healthcare professional (LHCP) treating your son/daughter, with supportive accommodations provided by school personnel.

1. No school; shortened school day; time restriction on school day.
2. Shortened class time; limit work on computer, focused reading, or analytical problem solving; withhold from PE.
3. Extra time to complete coursework/assignments/tests; assistance with instruction.
4. Reduced homework load; time restriction on homework.
5. Refrain from significant test taking, or standardized testing.
6. Frequent rest breaks during day as needed.
7. Consider Individualized Educational Plan (IEP) or 540 Plan if recovery is likely to be prolonged.

Symptoms are to be monitored regularly during recovery. Gradually increase school activity when symptoms begin to subside/decrease. Decrease school activity if symptoms increase or return at any time.

Returning to Sport

Anytime an athlete is removed from activity due to a suspected concussion, they **must** follow these steps for returning to sports participation.

1. Evaluation by an appropriate licensed healthcare professional (LHCP), i.e. MD/DO, Athletic Trainer, or Neuropsychologist.
2. Athlete must first be symptom-free at rest, then remain symptom-free during physical and mental exertion.
3. Written clearance from designated LHCP, and written clearance from parent/guardian.
4. When available, Post-Injury Neurocognitive Test Scores (ImPACT) return to normal (baseline).
5. Follow and complete "Stepwise Progressive Return to Play Program" while remaining symptom-free.

Stepwise Progressive Return to Play Program

After Step 1, allow 24-48 hours is to elapse between steps, as directed by your LHCP.

1. Symptom-free at rest. Rest - no physical or mentally taxing activity;
2. Light aerobic, low level activity; no weight-lifting or resistance training;
3. Sport/Position specific condition drills, light-to-moderate weight-lifting and resistance training.
4. Restricted practices, non-contact, non-live practice drills.
5. Full, unrestricted practices, live scrimmage drills.
6. Full game/competition play.