Sports Concussion

(Sideline instructions from your Health Care Provider)

Athlete Name: __________________ DOB: __________ Date: __________ Date of Injury: __________

When To Seek Care Urgently
Seek care quickly if symptoms worsen or if there are any behavioral changes. Also watch for any of the following serious signs/symptoms, which may not appear immediately following the trauma, but can develop hours after the injury itself.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Headache that worsens</td>
<td>Looks very drowsy or can’t be awakened</td>
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<tr>
<td>Seizure</td>
<td>Repeated vomiting</td>
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<tr>
<td>Neck pain</td>
<td>Slurred speech</td>
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<tr>
<td></td>
<td>Weakness or numbness in arms or legs</td>
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<td></td>
<td>Loss of consciousness</td>
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Common Signs & Symptoms
It is common for a concussed child or young adult to have one or many concussion signs or symptoms. Signs or symptoms present at time of evaluation are circled or checked.

<table>
<thead>
<tr>
<th>Physical Signs</th>
<th>Thinking Signs</th>
<th>Emotional Signs</th>
<th>Sleep Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Sensitivity to light</td>
<td>Feeling mentally foggy</td>
<td>Irritability</td>
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<tr>
<td>Nausea</td>
<td>Sensitivity to noise</td>
<td>Problems concentrating</td>
<td>Sadness</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Numbness/Tingling</td>
<td>Problems remembering</td>
<td>Feeling more emotional</td>
</tr>
<tr>
<td>Visual problems</td>
<td>Vomiting</td>
<td>Feeling more slowed down</td>
<td>Nervousness</td>
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<tr>
<td>Balance problems</td>
<td>Dizziness</td>
<td></td>
<td>Trouble falling asleep</td>
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It is okay to:
- Use acetaminophen (Tylenol) for headaches
- Use ice pack on head and neck as needed for comfort
- Eat a light diet
- Go to sleep
- Rest

There is no need to:
- Check eyes with flashlight
- Test reflexes
- Stay in bed
- Wake up every hour
- Drive until medically cleared

Do not:
- Drink alcohol
- Take sleeping pills or sleeping aids
- Take products that contain ibuprofen (Advil, Motrin)
- Take products that contain aspirin or naproxen (Aleve)

Returning to Daily Activities
- Limit activities that require thinking or concentration (e.g., homework, job-related activity) as much as possible. These activities can make symptoms worse.
  1. Limit screen time (television and computer) as much as possible. Especially in the early stages of healing, a good rule of thumb is no screen time.
  2. Avoid reading, video games and text messaging as much as possible.
  3. Limit extra-curricular activities.
  4. Avoid loud noise and bright lights.
  5. As symptoms decrease, encourage frequent study breaks to avoid provoking symptoms (for example, studying for 15 minutes, then resting for 10-15 minutes, etc.)
- No physical activities until cleared by a medical professional. Physical activity includes PE, sports practices, weight training, running, exercising, heavy lifting, etc.
- Get lots of rest. Be sure to get enough sleep at night - no late nights. Keep the same bedtime weekdays and weekends.
- Take rest breaks when you feel tired or fatigued.
- Drink lots of fluids and eat carbohydrates and protein to maintain appropriate blood sugar levels and caloric intake.
- Under provider supervision, and as symptoms decrease, you may gradually return to your daily life activities. If symptoms worsen or return, lessen your activities, and follow-up with your health care provider.

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.
- Repeated evaluation of your signs and symptoms is recommended to help guide recovery.

Comments: ____________________________

____________________________________________________

Do not return to sports/vigorous physical activity until all your symptoms have completely cleared and you have been cleared by a medical professional.

Recommendations provided to: ____________________________________________

Relationship: __________________________________________________________

Date: _________________________________________________________________

Health Care Provider Name & Contact Information: __________________________

____________________________________________________

Please feel free to contact me if you have any questions. I may be reached at: ____________________________________________

Visit sanfordhealth.org, enter keyword: concussion

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