

# SCHOOL NURSES TOOLKIT

## IN-OFFICE USE

USE THE LINKS BELOW TO VIEW A SPECIFIC RESOURCE

**Concussion Signs and Symptoms Checklist for School Nurses** – For screening, when a child is injured in school or comes to school following an injury. Note: A scale for children 0–5 does not exist.

**Symptom Tracker** – Good for the student to use to track one or two symptoms. Provides information about intensity and outcomes of interventions.

# Concussion Signs and Symptoms Checklist



**KNOW YOUR  
CONCUSSION  
ABCs**

Assess the situation | Be alert for signs and symptoms | Contact a health care professional

Student's Name: \_\_\_\_\_ Student's Grade: \_\_\_\_\_ Date/Time of Injury: \_\_\_\_\_

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* \_\_\_\_\_

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* \_\_\_\_\_

## DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

**Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion.** For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	<input type="checkbox"/> MINUTES Just prior to leaving
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events <i>prior</i> to the hit, bump, or fall				
Can't recall events <i>after</i> the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

To download this checklist in Spanish, please visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).  
Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

## Danger Signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- ☐ One pupil (the black part in the middle of the eye) larger than the other
- ☐ Drowsiness or cannot be awakened
- ☐ A headache that gets worse and does not go away
- ☐ Weakness, numbness, or decreased coordination
- ☐ Repeated vomiting or nausea
- ☐ Slurred speech
- ☐ Convulsions or seizures
- ☐ Difficulty recognizing people or places
- ☐ Increasing confusion, restlessness, or agitation
- ☐ Unusual behavior
- ☐ Loss of consciousness (even a brief loss of consciousness should be taken seriously)

## Additional Information About This Checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals, and the student's parent(s) or guardian(s).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

## Resolution of Injury:

- \_\_\_ Student returned to class
- \_\_\_ Student sent home
- \_\_\_ Student referred to health care professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMMENTS:

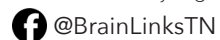


## SYMPTOM TRACKER

Date	Time	Symptoms + Intensity 1-10 <small>(Ex. Headache and intensity rating 0-10)</small>		Conditions <small>(Ex. Group activity, lots of noise)</small>	What Was Done <small>(Ex: head down, headphones on)</small>	Outcome + Intensity 1-10 <small>(Ex: head down, headphones on)</small>	



<https://www.tndisability.org/brain>



Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0024-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.



# TRAUMATIC BRAIN INJURY/CONCUSSION

## CHANGES TO WATCH FOR OVER TIME:


- ☐ Headaches
- ☐ Changes in sleep patterns
- ☐ Fatigue
- ☐ Changes in vision
- ☐ Balance, coordination changes, dizziness
- ☐ Mood swings, gets mad easily
- ☐ Changes in personality
- ☐ Not feeling like themselves
- ☐ Trouble with attention and thinking
- ☐ Memory problems, especially short term
- ☐ Depression/Anxiety
- ☐ Difficulty handling stress
- ☐ Inappropriate behavior
- ☐ Grades dropping, falling behind in class
- ☐ Changes in work performance



Bringing together professionals to recognize the far-reaching and unique nature of brain injury and to improve services for survivors.



<https://www.tndisability.org/brain>

 @BrainLinksTN



Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0051-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.