Nurse's Concussion Screening Checklist

Brain Links

Name: _____ Age: _____ Date/Time of Injury: _____

Where and How Injury Occurred: (Include cause and force of hit or blow to the head or body.) _____
_____
_____

Description of the Injury: (Include information about loss of consciousness, how long, memory loss or seizures following injury and previous concussions.) _____
_____

DIRECTIONS:

Use this checklist to monitor patients with potential head injury at the times provided .

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Complete all sections on front and back, sign and date.

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Those who experience one or more signs or symptoms after a bump, jolt, or blow should immediately be referred to a healthcare professional. Call Emergency Medical Services (911) with any immediate concerns.

SEE DANGER SIGNS ON BACK

⬇

For those being referred to another healthcare professional (including Emergency Department), send a copy of this complete checklist with them.

RESOLUTION OF INJURY:

☐ Return to Activity

☐ Referred to Healthcare Professional with Experience in Evaluating for Concussion

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SIGNS & SYMPTOMS CHECKLIST	0 Minutes	15 Minutes	30 Minutes	Minutes Just Prior to Leaving
OBSERVED SIGNS				
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events *prior* to the hit, bump, or fall				
Can't recall events *after* 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				

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<tr><td colspan="2" style="background-color:#333;color:white;">DANGER SIGNS:</td><td colspan="2"><u>DIRECTIONS</u>: Circle to Select and Complete if Needed</td></tr>
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DANGER SIGNS:

Be alert for symptoms that worsen over time. The person should be seen in an Emergency Department right away if he/she 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
- ☐ Unusual behavior (for this individual)
- ☐ Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Some people with disabilities communicate without using words.

Look for these indicators of pain.

- ☐ Excessive crying
- ☐ Anxious or agitated
- ☐ Increased muscle tightness
- ☐ Facial changes (tense or stressed)
- ☐ Excessive physical movement
- ☐ Changes in breathing

DIRECTIONS: Circle to Select and Complete if Needed

SYMPTOMS	PRESENTATION
Loss of Consciousness (Note even if brief)	YES Length: _____ NO
PUPILS	One pupil larger than the other or Equal, Round, Reactive to Light
PULSE: _____ BPM (Normal: 60-100 BPM)	Normal Higher Lower
BLOOD PRESSURE: (Normal: 120/80mm/Hg)	Sitting: _____/_____ Standing: _____/_____
ORIENTATION:	Oriented X 4 (Person, place, time, events) Confused
BLOOD SUGAR: (Normal: BGL 70-110 mG/dL)	Higher Or BGL : _____ Lower
VOMITING/NAUSEA:	YES NO
SYMPTOMS:	No Symptoms Declining No Change Improving
ALERTNESS:	Alert Drowsy or Cannot be Awakened

_____   _____   _____
Signature of Healthcare Professional Completing Form   Title   Date

This checklist is intended to be used by healthcare professionals.

Adapted from the CDC Concussion Signs and Symptoms Checklist: www.cdc.gov/Concussion