In-Office Use

Use the links below to jump to 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 students to use to track one or two symptoms. Provides information about intensity and outcomes of interventions

Concussion Alert and Monitoring Form

For use in academic, school nurse or case manager file to serve as a reminder of the TBI. Also alerts others who may start working with the child. This can be filled out and given to the school to place in their academic and/or medical folder.

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.

Concussion Signs and Symptoms

Checklist

HEADS UP SCHOOLS

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	☐ MINUTES Just prior to leaving
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				

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

May 2010

→ More

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.

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:

For more information on concussion and to order additional materials for school professionals **FREE-OF-CHARGE**, visit: **www.cdc.gov/Concussion**.

U.S. Department of Health and Human Services
centers for disease control and prevention

Brain Links

SYMPTOM TRACKER

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

ACL Administration for Community Living

TBI SPP Traumatic Brain Injury State Partnership Program

https://www.tndisability.org/brain

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COALITION

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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.

CONCUSSION/BRAIN INJURY ALERT & MONITORING FORM

TOP PORTION COMPLETED BY SCHOOL PROFESSIONALS (NURSE, COUNSELOR, ADMIN, etc.), CASE WORKERS AND CARE PROVIDERS

DIRECTIONS:

1. Review, sign and date below.
2. Keep a copy of this form in the student's academic and/or medical file.
3. Include form in the school-wide concussion management plan and discuss with team.
4. Bring the form/diagnosis to the attention of new teachers **each academic year** and new case workers. Use additional pages if needed.

STUDENT'S NAME: _____**DOB:** _____

AGE INJURY OCCURRED: _____ **DATE OF INJURY:** _____ **HOW INJURY OCCURRED:** _____

_____

_____

SEVERITY OF INJURY/DIAGNOSES: _____

_____

INITIAL SYMPTOMS: _____

PERSISTING SYMPTOMS/ISSUES (& date each began):_____

_____

_____

_____

TREATMENTS/SUPPORTS PROVIDED (include both in school & outside): _____

_____

_____

_____

INFO OBTAINED FROM (check all that apply): _____ Physician _____ Parent _____ School Personnel

PHYSICIAN'S NAME: _____

School Professional Name: _____

Signature: _____ **Date**: _____

****

WHY AND HOW TO MONITOR:

Summary of Outcomes Research: Children of all ages are likely to have their concussions undiagnosed and/or untreated. This is especially true for children aged 0-4 who cannot adequately describe symptoms. **Children need monitoring for years following an injury.** They are more likely to have learning disorders; ADD/ADHD; speech-language problems; developmental delay; anxiety; bone, muscle and joint problems;[1] behavioral problems[2,3]; cognitive changes[4]. The younger the age at time of injury and the greater the severity, the more likelihood there will be ongoing issues[2,5]. Once a child has one injury, they are more likely to have subsequent injuries. Over time, they are more likely to be involved with the criminal justice system[6-9], have psychiatric issues[10-12], have substance abuse issues[13], be socially isolated[14-15], and be involved in domestic violence[16], so early and ongoing intervention is crucial.

What to Look for Over Time: ANY changes. Any difficulties. Problems may appear academic, behavioral, psychological, physical, speech and language or social. Any lag in academic performance. Look for mood swings, personality changes, complaints of not feeling like themselves, depression, anxiety, acting out.

Intervention: Intervene immediately. Do not allow an issue to continue for long without attempting intervention. Consider both in-school intervention and outside of school.

Outside of school: Help may come from the family doctor or a symptom-specific provider like a counselor, speech language pathologist, neurologist, physical therapist, chiropractor, neuro-ophthalmologist, concussion clinic, neuropsychologist, etc.

In School: Involve other school professionals and stay in contact with anyone working with the student outside of school. Consider informal accommodations based on symptoms. Also consider a referral for a 504 Plan or IEP. Or, if one is already in place, consider the need for revisions, reevaluations, and/or additional assessment to help determine need goals/accommodations.

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Thank You!

We're here to help

Our mission is to bring together professionals to recognize the far-reaching and unique nature of brain injury and to improve services for survivors. If we can help you, please feel free to reach out!

Contact us:

tbi@tndisability.org

Check out out website:

www.tndisability.org/brain

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