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 Form**

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

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

<table>
<thead>
<tr>
<th>MINUTES</th>
<th>0</th>
<th>15</th>
<th>30</th>
<th>MINUTES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

- 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.
**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:**
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Symptoms + Intensity 1-10 (Ex. Headache and intensity rating 0-10)</th>
<th>Conditions (Ex. Group activity, lots of noise)</th>
<th>What Was Done (Ex: head down, headphones on)</th>
<th>Outcome + Intensity 1-10 (Ex: head down, headphones on)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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; behavioral problems\textsuperscript{2,3}; cognitive changes\textsuperscript{4}. The younger the age at time of injury and the greater the severity, the more likelihood there will be ongoing issues\textsuperscript{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\textsuperscript{6-9}, have psychiatric issues\textsuperscript{10-12}, have substance abuse issues\textsuperscript{13}, be socially isolated\textsuperscript{14-15}, and be involved in domestic violence\textsuperscript{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.


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 our website:
www.tndisability.org/brain

Follow us on social media:

We want to hear from you!
Complete our short survey to let us know how we’re doing.