



## Student Care Plan Following a Head Injury

PLAN TO BE GIVEN TO PARENT TO REVIEW WITH STUDENT AND PHYSICIAN

Student's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Person Completing Care Plan: \_\_\_\_\_ Known Head Injury History \_\_\_\_\_

Your child has been reported/observed as having a head injury on \_\_\_\_\_. Description of Injury: \_\_\_\_\_

The following symptoms were present today:

Cognitive		Physical	
___ hard time concentrating	___ speed of thinking slowed down	___ headache	___ sensitive to bright light
___ trouble remembering	___ taking a longer time to react	___ dizziness	___ sensitive to loud noise
___ mentally "foggy"	___ more emotional	___ nausea	___ numbness
___ being confused	___ "not feeling like him/herself"	___ difficulty with balance	___ tingling
	___ other _____	___ poor coordination	___ other _____
		___ fatigue	

**RED FLAGS FOLLOWING A HEAD INJURY: Please see back of form to review these red flags.**

**Rest is the key to recovery:** If your child is having any symptoms, s/he should not participate in any high risk activities including sports, physical education, bike riding, intense exercise, weight lifting, etc. It is also important for him/her to limit activities that require a lot of thinking or concentration such as homework, job-related activities, texting, using the computer, playing video games, watching TV, reading and writing, and listening to loud music while s/he is experiencing symptoms. Both physical and cognitive activities may worsen her/his current symptoms. When s/he is no longer experiencing symptoms, s/he believes that her/his thinking and concentration are back to normal, and your medical provider has given your child clearance, s/he may slowly and very carefully return to her/his daily activities. Your child will need to be monitored by parents, teachers, the school nurse, the coach or athletic trainer as s/he returns to activities.

**Return to Daily Activities**

1. Your child needs to get lots of rest. It is important for your child to get enough sleep at night; s/he should not stay up late. S/he should keep the same bedtime during the week and on weekends.
2. Your child should take daytime naps or resting breaks as needed when s/he is feeling fatigued or tired.
3. It is important for your child to drink lots of fluids and eat carbohydrates or protein to maintain appropriate blood sugar levels.
4. As symptoms decrease and your medical provider has given your son or daughter clearance, s/he may begin to gradually return to her/his daily activities. If symptoms return or worsen, your child will need to lessen her/his activities and then try to gradually increase activities as tolerated.
5. As your child recovers from her/his head injury, it is normal for her/him to feel frustrated and sad when s/he is not feeling right and s/he is unable to be as active as usual.

**Return to Learn**

1. Each child will vary in their recovery following a head injury and therefore each child will be unique in their ability to return to school. Most children will experience symptoms for a few days or a week following a head injury.
2. Once your child is experiencing a lessening of their symptoms and they have been medically cleared by their healthcare provider, your child may return to school.
3. If your child continues to experience symptoms following a head injury, they may need academic accommodations to help them return to school. The educational team will make these recommendations based upon input from your child's medical provider, your child, as well as team observations, and teacher reports. As your child's symptoms begin to lessen, with the recommendations of your healthcare provider, and input from the educational team at school, the academic accommodations can be modified or removed.
4. Inform your child's teachers, the school nurse, school psychologist, counselor, and administrator(s) about your child's head injury, current symptoms they are experiencing, and current recommendations from your child's healthcare provider so they can help monitor your child during their recovery.

**Return to Physical Education/Athletics**

1. Your child should NEVER return to sports or physical education if they are having ANY symptoms.
2. When your child is symptom free, at rest and off pain medications, for at least 24 hours and has clearance by her/his health care provider a gradual return to PE/athletics may begin.
3. All athletes must complete a six phase gradual return to play (RTP) process along with ImpACT testing before returning to their sport. Please consult the school nurse for more information regarding the District's process for returning to athletics.
4. All physician clearances must be submitted to the school nurse before your child returns to PE or athletics.



## **MEDICAL ALERT**

### **PARENT INSTRUCTIONS AFTER HEAD/FACE/NECK/SPINE INJURY**

Your child has had an injury of the head/face/neck/spine and needs to be carefully monitored by an adult for the next 24 to 48 hours. Do not give your child medicine without consulting your healthcare provider. **All head injuries require rest from cognitive and physical activity until free of symptoms for 24 hours.** An urgent care facility or emergency department physician may not clear an athlete for contact/collision activity; however, some symptoms (listed below) require immediate medical attention by either your child's medical provider, urgent care facility or emergency department:

**MENTAL STATUS CHANGES:** trouble thinking or remembering; acting strange; "not him/herself"

**PERSONALITY CHANGES:** child is combative or "not him/herself"; does not recognize you; acts as in a trance; or is confused; doesn't know what happened

**LETHARGY OR DROWSINESS:** cannot awaken child; child cannot stay awake; sleepier than usual; does not easily arouse in response to being called by name or being gently nudged

**SPEECH CHANGES:** slurred or garbled speech; not making sense; confusion

**VOMITING:** vomiting, persistent nausea, or "dry heaves"

**HEADACHE:** severe, worsening or pain lasting longer than a few hours

**GAIT OR BALANCE CHANGES:** trouble standing unassisted; difficulty walking; loss of balance; light headedness; dizziness; stumbling; walking or bumping into things

**SEIZURES OR CONVULSIONS:** generalized shaking, starring episodes you cannot interrupt or that keep occurring

**SENSATION OR STRENGTH CHANGES:** paralysis (inability to move), loss of feeling or any unusual sensation ("my feet feel funny"), numbness, or tingling in any part of the body

**INCONTINENCE:** of urine or feces (inability to control urination or defecation)

**EAR OR NOSE:** ringing in the ears; bloody, clear or runny fluid from nose or ears

**EYE CHANGES:** drooping eyelid/s; crossed eye(s); pupils unequal in size; seeing bright lights; or having blurred vision

**INCREASED SWELLING, BLEEDING, OR PAIN:** at the injury site