

## Acute Concussion Care Plan – Must be completed by student’s physician

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Today’s Date \_\_\_\_\_

Date of Injury \_\_\_\_\_ Expected Date of Return to School \_\_\_\_\_

**Current Symptoms:**

- |  |   |
|--|---|
| <input type="checkbox"/> Headache                    | <input type="checkbox"/> Feeling mentally foggy   |
| <input type="checkbox"/> “Pressure in head”          | <input type="checkbox"/> Sleeping more less       |
| <input type="checkbox"/> Neck Pain                   | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Nausea or vomiting          | <input type="checkbox"/> Difficulty remembering   |
| <input type="checkbox"/> Dizziness /Balance problems | <input type="checkbox"/> Fatigue or low energy    |
| <input type="checkbox"/> Blurred vision              | <input type="checkbox"/> Irritability             |
| <input type="checkbox"/> Noise sensitivity           | <input type="checkbox"/> Sadness/emotional        |
| <input type="checkbox"/> Light sensitivity           | <input type="checkbox"/> Confusion                |

**Suggested Academic Adjustments:**

The above student will benefit from the following short term academic supports for proper concussion management in school (checked items apply):

- No school for \_\_\_\_\_ days
- No school until re-evaluated on \_\_\_\_\_
- No recess
- Shortened day or modified schedule, as indicated
- Homebound tutoring as tolerated
- Extra time to complete coursework, assignments, tests
- No more than one test \_\_\_\_\_ per day every other day
- No significant classroom testing or standardized testing
- Pre-printed material/notes, if available
- Schedule periodic rest breaks as needed in health office during day
- Allow student to go to health office if symptoms worsen during the day
- Allow school concussion team to gradually modify accommodations if student remains symptom free
- Other recommendations: \_\_\_\_\_

**Physical Exertion Accommodations**

The above student should adhere to the following recommendations regarding physical education (PE) and athletic participation (checked items apply):

- May not return** to PE or sports/athletics until further notice
- Aerobic, non-contact PE** as tolerated (walk, run, jog)
- Is medically cleared** to participate in full PE
- May gradually return to school sports/athletics (for student athletes)** under the supervision of an appropriate person (e.g. athletic trainer, coach). Return to play as per return-to-play guidelines

These recommendations will be reviewed and updated on \_\_\_\_\_. **(Academic accommodations beyond three weeks may require assessment by a neurologist or concussion specialist).**

Care Plan completed by \_\_\_\_\_ MD APRN PA

Signature

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_