Concussion Home Instruction Sheet

Name:_______________________  Date:__________

You have had a head injury or concussion and need to be watched closely for the next 24-48 hours.

<table>
<thead>
<tr>
<th>It is okay to:</th>
<th>There is no need to:</th>
<th>Do not:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use acetaminophen (Tylenol) for headaches</td>
<td>• Check your child’s eyes with a flashlight</td>
<td>• Drive a car</td>
</tr>
<tr>
<td>• Use ice pack on head/neck as needed for comfort</td>
<td>• Wake up frequently (unless otherwise instructed)</td>
<td>• Engage in physical activity (exercise, sports)</td>
</tr>
<tr>
<td>• Go to sleep</td>
<td>• Test reflexes</td>
<td>• Engage in mental activity (school, homework, computer games)</td>
</tr>
<tr>
<td>• Rest (no strenuous activity or sport)</td>
<td>• Stay in bed</td>
<td>• Engage in TV/computer screen exposure</td>
</tr>
<tr>
<td>• Eat a light meal</td>
<td></td>
<td>• Drink alcohol</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use Aspirin, Aleve, Advil or other NSAID products</td>
</tr>
</tbody>
</table>

Special recommendations:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

If any of the following develop, the athlete should be taken to the emergency room:

• New headache or headache gets worse
• Persistent or increasing neck pain
• Becomes drowsy or can’t be woken up
• Cannot recognize people or places
• Behaving unusually, seems confused
• Has seizures
• Has weakness, numbness or tingling (arms, legs, face)
• Decreased level of consciousness
• Is unsteady walking or standing
• Has slurred speech
• Has difficulty understanding speech or directions
• Pupils become unequal in size
• Repeated vomiting

Athletic Trainer____________________________ Phone____________________________
Physician_________________________________ Phone____________________________

You need to be seen for a follow-up examination at ________ AM/PM at: ________________________

Recommendations provided to ____________________________________________________________
Recommendation provided by ____________________________________________________________