## **Suspected Head Injury**

Take Home Advice for the Injured Athlete

This athlete has sustained a head injury, possibly a concussion, the most common form of brain injury sustained in sports. An evaluation has been performed by a licensed medical professional and no serious complications have been found at this time. Over the next several hours this athlete should be monitored by a responsible adult for any of the red flag warning signs below. Symptoms may change over the next few days, followed by gradual improvement, with full recovery expected within a few weeks.

### **Common Symptoms of Concussions**

#### Physical Headache/pressure in Difficulty concentrating Unusual irritability or Increased fatigue/drowsiness head Memory loss nervousness Nausea/vomiting Increased sadness or Sleeping more/less than Feeling slowed down/in a Balance/vision problems depression usual Decreased reaction time Confusion More or less emotional Trouble falling/staying than usual Sensitivity to light/noise Academic Decline asleep

### **Red Flag Warning Signs**

- Loss of consciousness
- Irregular or mismatched pupil sizes
- Bleeding/clear fluid from the ear/nose
- Severe drowsiness or inability to be awakened.
- Difficulty speaking or slurring words.
- Difficulty recognizing people or places.
- Seizures

- Weakness, numbness, or loss of coordination
- Uncontrollable/Repeat Vomiting
- Headache that worsens significantly and does not go away.
- Increasing confusion, agitation, or unusual behavior
- If your athlete experiences any of these red flag signs, seek emergency care immediately.

#### **Important points to note for at home care:**

- 1. According to Ohio law (ORC 3313.539 and ORC 3314.03), any athlete suspected of a concussion may not return to play in the same day of injury and must be cleared by a physician or other authorized licensed health care provider before returning to any practice, scrimmage, weight training or competition.
- 2. Over the next couple of days, the athlete should seek to get as much mental and physical rest as possible. Avoid driving and physical activity (including gym/ PE class), prolonged reading, texting, and screen time, as well as loud/bright environments. Wear sunglasses when outdoors.
- 3. The athlete may use acetaminophen (Tylenol) for headache management. Avoid ibuprofen, Motrin®, Aleve®, aspirin, sleep aids, alcohol, or other sedation medications.
- 4. Consider speaking with your child's school and or teachers to request accommodations with school work, tests, etc.



Call our 24/7 Concussion Hotline to talk to a Sports Medicine expert at (614) 566.GAME (4263) OhioHealth.com/SportsMedicine @OHSportsMed



# **Concussion Symptom Log**

Select 1 number for each symptom using a scale of 0 Not Present, 1-2 Mild, 3-4 Moderate and 5-6 Severe. Bring this form with you to your athletic trainer and/or treating physician.

Symptom	Initial Injury Date:	Date:	Date:	Date:
Headache	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
"Pressure in head"	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Neck Pain	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Nausea or vomiting	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Dizziness	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Blurred vision	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Balance problems	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Sensitivity to light	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Sensitivity to noise	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Feeling slowed down	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Feeling like "in a fog"	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
"Don't feel right"	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Difficulty concentrating	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Difficulty remembering	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Fatigue or low energy	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Confusion	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Drowsiness	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
More emotional	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Irritability	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Sadness	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Nervous or Anxious	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Trouble falling asleep	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Total Number of Symptoms	of 22	of 22	of 22	of 22
Symptom Severity Score	of 132	of 132	of 132	of 132
Do your symptoms get worse with physical activity?	Yes - No	Yes - No	Yes - No	Yes - No
Do your symptoms get worse with mental activity?	Yes - No	Yes - No	Yes - No	Yes - No
If 100% is feeling perfectly normal, what percent of normal do you feel?	Yes - No	Yes - No	Yes - No	Yes - No
If not 100%, why?				

