

Physician Referral Checklist (take to your physician) A

Day-of-Injury Referral

- > Loss of consciousness on the ice
- > Amnesia lasting longer than 15 minutes
- > **Deterioration of neurological function**
- > **Decreasing level of consciousness**
- > **Decrease or irregularity in respirations**
- > **Decrease or irregularity in pulse**
- > Increase in blood pressure
- > **Unequal, dilated, or unreactive pupils**
- > Cranial nerve deficits
- > **Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding**
- > **Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation**
- > **Seizure activity**
- > Vomiting
- > Motor, sensory, balance or cranial deficits subsequent to initial on-ice assessment
- > Postconcussion symptoms that worsen
- > Athlete is still symptomatic at the end of the game

Delayed Referral (after day of injury)

- > Any findings in the day-of-injury referral category
- > Postconcussion symptoms worsen or do not improve over time
- > Increase in the number of symptoms reported
- > Postconcussion symptoms begin to interfere with the athlete's daily activities such as sleep disturbance or cognition

If any of the **BOLDED** signs or symptoms occur, the athlete needs immediate transportation to the nearest emergency department!

If in doubt, get them checked out!

Concussion Home Instructions B

>I believe that _____ sustained a concussion on _____ at (location) _____. Time of Injury _____

To make certain he/she recovers, please follow the following important recommendations:

- >Go to the nearest emergency room for evaluation based off the Physician Referral Checklist.
- >See your personal pediatrician or primary care physician for clinical exam.

>Contact Greg Eberle ATC, HRSM / PYHA Concussion Management Facilitator to report the incident: cell phone/text at 309.202.2955 or email at geberle@hopedalemc.com to set up appropriate follow-up care.

It is OK to:

- >Use ice pack on head and neck as needed
- >Eat a light diet
- >Return to school
- >Go to sleep
- >Rest (**NO** strenuous activity, texting, or video games)

There is NO need to:

- >Check eyes with flashlight
- >Wake up every hour
- >Test Reflexes
- >Stay in bed

Do NOT:

- >Drink alcohol
- >Eat spicy foods

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C

Graded Symptom Checklist (GSC)

Resource: National Athletic Trainers Associations Position Statement on Sports-Related Concussions

Grading Scale of Symptoms 0-6: 0 = no symptoms, 3 = moderate, 6 = most severe					
Symptom of Athlete	Time of Injury immediate	2-3 Hours post injury	24 Hours post injury	48 Hours post injury	72 Hours post injury
Blurred Vision					
Dizziness					
Drowsiness					
Excess sleep					
Easily distracted					
Fatigue					
Feel "in a fog"					
Feel "slowed down"					
Headache					
Inappropriate emotions					
Irritability					
Loss of consciousness					
Loss of orientation					
Memory problems					
Nausea					
Nervousness					
Personality changes					
Poor balance/coordination					
Poor concentration					
ringing in ears					
Sadness					
Seeing stars					
Sensitivity to light					
Sensitivity to noise					
Sleep disturbance					
Vacant stare / glassy eyed					
Vomiting					
Other Symptoms:					

Note: The GSC should be used not only for the initial evaluation but for each subsequent follow-up assessment until all signs and symptoms have cleared at rest and during physical exertion.