Medical Plan of Care

Concussion

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Problem** | **Actions** |
| **Risk for re-injury to the brain following concussion** | * NO PE/RECESS/CONTACT SPORTS
* Allow student to opt out of physical activity
* Parent to provide medical updates from care provider as received
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| **Potential symptoms: Problems the student is exhibiting are underlined*** Headaches
* Dizziness
* Mental Slowing
* Fatigue
* Sensitivity to Noise
* Sensitivity to Light
* Balance Problems
* Nausea and/or vomiting
* Emotional/depression
* Concentration and memory deficits
 | * Parent and Student to Notify School Staff of any new symptoms
* Teacher to observe/report changed in academic performance
* Staff to contact parent for any change in level of consciousness
* Contact parent for any nausea/vomiting
* Call 911 immediately for any seizures
* Staff to observe/report any behavioral changes

Additional actions to consider or delete if not needed:**Balance Issues:*** Allow buddy system for relocation during the school day if needed

**Light Sensitivity:*** Allow student to wear cap and/or sunglasses during the school day

**Noise Sensitivity:*** Allow student to wear ear plugs when in noisy environment during the school day

**Hydration:*** Allow student access to fluids during the school day if needed
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| **Headache** | * Provide a cool, dark quiet room for student to lie down if available
* Place cool towel on forehead, if available
* Administer medication as ordered by physician
* Notify parent/guardian of medical interventions used during school day
* Send ordered medication on all field trips
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| **Other as needed:** |  |