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 |
| **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 |
| **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 |
| **Other as needed:** |  |