



MILD HEAD INJURY INSTRUCTIONS

Name _____ Date _____

Following a head injury, symptoms may show up immediately, or in some cases, several hours after the injury. The following were signs and symptoms observed during the evaluation:

- | | |
|--|--|
| <input type="checkbox"/> HEADACHE | <input type="checkbox"/> NAUSEA |
| <input type="checkbox"/> VOMITING | <input type="checkbox"/> BALANCE PROBLEMS / DIZZINESS |
| <input type="checkbox"/> FATIGUE | <input type="checkbox"/> SENSITIVITY TO LIGHT / NOISE |
| <input type="checkbox"/> SADNESS | <input type="checkbox"/> NERVOUSNESS |
| <input type="checkbox"/> NUMBNESS/TINGLING | <input type="checkbox"/> FEELING SLOWED DOWN |
| <input type="checkbox"/> FEELING IN A "FOG" | <input type="checkbox"/> DIFFICULTY CONCENTRATING |
| <input type="checkbox"/> DIFFICULTY REMEMBERING | <input type="checkbox"/> CONFUSION / DISORIENTATION |
| <input type="checkbox"/> DELAYED VERBAL / MOTOR SKILLS | <input type="checkbox"/> SLURRED / INCOHERENT SPEECH |
| <input type="checkbox"/> SLOWING OF PULSE | <input type="checkbox"/> CONVULSIONS / TREMORS |
| <input type="checkbox"/> BLURRED VISION | <input type="checkbox"/> CLEAR FLUID DRAINAGE FROM EARS / NOSE |
| <input type="checkbox"/> OTHER: | |

Please remember to report to Taylor Gym Sports Medicine tomorrow at _____ for a follow-up evaluation. Please review the symptoms marked on the above checklist. If any of these symptoms worsen prior to your visit, or if any of the following symptoms appear, contact an athletic trainer and report to the emergency room immediately.

- | | |
|--|--|
| <input type="checkbox"/> BLOOD/FLUID FROM THE EARS OR NOSE | <input type="checkbox"/> CONTINUED DOUBLE VISION |
| <input type="checkbox"/> VOMITING MORE THAN ONCE OR TWICE | <input type="checkbox"/> WEAKNESS IN EITHER ARM OR LEG |
| <input type="checkbox"/> BREATHING DIFFICULTY | <input type="checkbox"/> UNCONTROLLABLE EYE MOVEMENTS |

Otherwise, you can follow the instructions outlined below.

It is OK to:

- *Use Acetaminophen (Tylenol) for headaches
- *Use ice pack on head and neck as needed for comfort
- *Eat a light diet
- *Return to school
- *Go to sleep
- *Rest (No strenuous activity or sports)

There is NO need to:

- *Check eyes with flashlight
- *Wake up every hour (Mild Only)
- *Test reflexes
- *Stay in bed

Do NOT:

- *Use Aspirin or Ibuprofen (Advil / Motrin) for headaches
- *Drink alcohol
- *Drink caffeinated beverages
- *Eat spicy foods
- *Play video games
- *Watch television
- *Listen to music

Emergency Telephone Numbers:

Jack Foley: (610) 533-0848
Tim Doane: (610) 533-6265
Emily Dunn: (610) 392-4859
Jena Etnoyer: (484) 695-6311
Jessica Stilwell: (610) 554-0018
Brian White: (610) 533-6267
Rachel Karslo: (484) 515-5696