



Concussion Home Instructions

I believe that _____ sustained a concussion on _____.
To insure that he/she recovers and receives proper care, please follow these important instructions.

1. He/she needs to have a follow-up with his/her family physician to in order to be under a physician's care. There is no need to be taken to the emergency room unless noted or conditions worsen.
2. Please review the Emergency Room Referral Checklist at the bottom of the page. If any of these problems develop please call 911 or go to your local emergency room.*
3. Please remind _____ to follow up with the athletic trainer the morning after the concussion.

It is OK to:	There is No need to:	Do Not:
<ul style="list-style-type: none"> • Use acetaminophen (Tylenol) for headaches • Use ice pack on head and neck as needed for comfort • Eat a normal or light diet • Return to school • Go to sleep • Rest (no strenuous activity or sports) 	<ul style="list-style-type: none"> • Check eyes with flashlight • Wake up every hour • Stay in bed 	<ul style="list-style-type: none"> • Drink alcohol • Eat spicy foods • Use cell phones for texting • Play video games

Specific recommendations:

Recommendations provided by: _____ Date: _____

Signature: _____

Parent Signature: _____ Date: _____

*Emergency Room Referral Checklist

1. Increase in headache
2. Extreme drowsiness or cannot be awakened
3. Decrease or irregularity in respirations
4. Decrease or irregularity in pulse
5. Unequal, dilated, or unreactive pupils
6. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
7. Seizure activity