



Monomoy Regional High School
Head Injury Homecare Instruction Form

Taylor Murray ATC, LAT
Cheryl Dufault

Student's Name: _____ **Year of Grad:** _____
Date: _____

Your son/daughter was evaluated by: _____ for an injury that occurred during: _____. The athletic trainer's or school nurse's impression of the injury is: _____ and the following treatment is recommended:

- () Referral to Physician for evaluation (please have physician fill out back side of this form)
- () Head Injury Observation (please see below)
- () Follow up with athletic trainer or school nurse upon returning to school the next day
- () Contact your child's guidance counselor:

If you have any questions feel free to contact:

Taylor Murray: 774-208-2563 or tmurray@monomoy.edu

Cheryl Dufault: _____ or cdufault@monomoy.edu

Review the following recommendations below to ensure your child's safe recovery from their current head injury. If any of the following symptoms get worse while at home, contact your child's primary care physician or activate EMS:

- ❖ **Decreased level of consciousness**
- ❖ **Increasing severity of headache that becomes pounding where child cannot sit up or stand for short periods of time**
- ❖ **Confusion or change in mental status**
- ❖ **Seizure**
- ❖ **vomiting**

It is ok to:

- ❖ Use ice or heat pack on neck/back if head for comfort
- ❖ Attend school/work unless otherwise instructed by school nurse/athletic trainer/physician
- ❖ Fall asleep/rest

There is no need to:

- Check eyes with flashlight
- Test reflexes
- Stay in bed all day
- Wake up every hour when sleeping

DO NOT:

take aspirin or ibuprophen
(motrin/advil/aleve)
eat spicy/greasy foods
engage in strenuous activity
Drink alcohol

Please limit the amount of time that your child suffering from a head injury views television, text messages, uses a computer, or plays video games, as these can cause concussion symptoms to worsen, Your child currently is to remain out of all activity (school & recreational) until further evaluation by the school's certified athletic trainer, licensed physician, nurse practitioner or neuropsychologist.



Monomoy Regional High School
Physician Concussion Returning to School Treatment Plan

Taylor Murray ATC, LAT
Cheryl Dufault

Student's Name: _____ Date of Birth: _____ Date: _____

_____ was referred to you for a head injury which occurred during: _____.
He/She is currently under the supervision of: _____.

Based on today's examination, the student is in the following stage of recovery, and the following adaptations should be made:

Stage 1/RED: Complete Mental & Physical Rest

_____ medical leave of absence from school; potential return date _____

Stage 2/ORANGE: Recovering with Reduced Schedule

- _____ return to school half days
- _____ return to school core classes only
- _____ return to school; no gym, music, band classes
- _____ reduced school schedule; drop of honors/AP coursework
- _____ no tests/quizzes/standardized testing
- _____ attempt homework in short periods (15 mins)
- _____ allow for rest in nurses office during day
- _____ class notes provided/allow for recorded lectures

Stage 3/YELLOW: Full School schedule with adaptations

- _____ return to full school schedule on _____
- _____ extra class time to complete tests/quizzes
- _____ extra time at home to complete projects, papers, homework assignments
- _____ only complete one test/quiz per day
- _____ testing in small setting
- _____ words banks when appropriate
- _____ adult tutoring
- _____ peer tutoring

Stage 4/GREEN: Full School Schedule with no Adaptations

Please list any other adaptations, medications, or modifications needed during the recovery period; include changes to athletic/extracurricular activities: _____

Follow up Appointment: _____

Doctor's Name: _____ **Signature:** _____ **Date:** _____

PLEASE NOTE NO STUDENT WILL RETURN TO ATHLETIC/EXTRACURRICULAR ACTIVITIES UNTIL RETURN TO FULL ACADEMICS HAS BEGUN

