University of Portland

Acute Concussion Care Plan –

Must be completed by student's health care provider (MD, NP, PA)

☐ **Initial Assessment** ☐ **Follow up Assessment**

Student Name_____**Birth Date**_____**Today's Date**_____

Date of Injury _____

Current Symptoms:

Today the following symptoms are present (circle or check). **__No reported symptoms**

Physical		Thinking	Emotional	Sleep
Headaches	Sensitivity to light	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/Tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Visual problems	Vomiting	Feeling more slowed down	Nervousness	Trouble falling asleep
Balance Problems	Dizziness			

RED FLAGS: Call your doctor or go to your emergency department if you suddenly experience any of the following			
Headaches that worsen	Look very drowsy, can't be awakened	Can't recognize people or places	Unusual behavior change
Seizures	Repeated vomiting	Increasing confusion	Increasing irritability
Neck pain	Slurred speech	Weakness or numbness in arms or legs	Loss of consciousness

Suggested Academic Adjustments:
The above student will benefit from the following short term academic supports for proper concussion management in school (checked items apply):

- □ No classes for 7 days
- □ No classes until re-evaluated on _____
- □ Shortened day. Recommend ___ hours per day until _____
- □ Shortened classes (i.e., rest breaks during classes). Maximum class length: _____ minutes
- □ Extra time to complete coursework, assignments, tests
- □ No more than one test □ per day □ every other day
- □ Pre-printed material/notes or recordings, if available
- □ Allow student to leave class if symptoms worsen during class time, take rest breaks during the day as needed
- □ Other recommendations:

HEALTH and COUNSELING CENTER 5000 North Willamette Blvd. Portland, OR 97203-5798 T 503.943.7134 F 503.943.7199 www.up.edu

Physical Exertion Plan
The above student should adhere to the following recommendations regarding athletic participation (checked items apply):

- □ **May not return** to sports/athletics until further notice
- □ **Aerobic, non-contact activities** as tolerated (walk, run, jog)
- □ **Is medically cleared** to participate in full activities
- □ **May gradually return to sports/athletics (for student athletes)** under the supervision of an appropriate person (e.g. athletic trainer, coach).

This referral plan is based on today's evaluation:
_____ Return to this office. Date/Time____
_____ Refer to: ___Neurosurgery/Neurology ___Sports Medicine_____Physiatrist
___Psychiatrist
___Concussion Clinic_____Other _____

These recommendations will be reviewed and updated on_____.
(Provisional academic accommodations beyond one week may require assessment by a neurologist or concussion specialist).

Care Plan completed by_____MD APRN PA
Signature

Printed Name_____Telephone _____

Campus resources at University of Portland:

- **Early Alert Services.** Contact Gina Loschiavo, Coordinator for Early Alert and Special Projects: loschiav@up.edu
  Tel: 503-943-7709

- **Health and Counseling Center (HCC).** The Health and Counseling Center can provide physical and emotional support to students as they recover from concussion.

National Resources

Center for Disease Control: http://www.cdc.gov/concussion/
School Wide Concussion Management: http://brain101.orcasinc.co