Fork Union Military Academy

Concussion Action Plan

Updated August 7, 2019
In accordance with Virginia Code § 22.1-271.5.

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The purpose of the Concussion Action Plan (CAP) is to protect our students from long-term damage associated with concussions. The Virginia General Assembly passed Virginia Code § 22.1-271.5 mandating all schools to create such a plan. Also, having a concussion management plan at the middle and high school level has been endorsed by professional sports organizations such as the NFL and NHL. Current research is revealing significant problems later in life if concussions are not handled properly, and Fork Union Military Academy (FUMA) aims to prevent these issues in our students in any way possible.

What is a concussion?

A concussion is a traumatic injury to the brain. This occurs as a result of a direct hit to the head, face, neck, or body causing a sudden jarring of the brain. Common examples of this would be a helmet-to-helmet hit or impact with a solid object (such as the ground). A concussion is characterized by impairment of cognitive and/or physical function. It can occur with or without a loss of consciousness. If a concussion occurs, it is essential that it is recognized quickly and managed properly to prevent any immediate or long-term damage. Concussions can be difficult to diagnose at times and failing to do so can have dangerous consequences. A concussion can cause a variety of cognitive and physical concerns. Tasks that require concentration such as schoolwork can aggravate symptoms. Additional symptoms such as a lack of balance, difficulty concentrating, feeling mentally foggy, or sleeping problems may be experienced. If not managed correctly, concussions can lead to long-lasting problems.

Post-concussion syndrome can be the result if enough time is not taken to heal. Post-concussion syndrome involves symptoms such as headaches, dizziness, blurred vision, balance problems, or difficulty sleeping. These can last for weeks or even months. Worse yet, a possible severe consequence of returning a student to activity too soon can lead to Second Impact Syndrome. Second Impact Syndrome occurs when someone who has not fully recovered from a concussion receives another blow to the head, neck, or body. The result is rapid brain swelling followed by cardiac arrest. Despite the best treatment efforts, Second Impact Syndrome is fatal approximately 50% of the time. Severe consequences such as these need to be prevented in everyone, and the best way to do so is to properly manage any suspected concussion.

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Policies

1. Each student at FUMA and their parent(s) will review the concussion policy annually and sign a statement stating they understand it and will follow it. Students will not be allowed to participate in any sport until the Student Concussion Statement is signed. (Appendix A)

2. FUMA will review and update the concussion policy and procedures annually in accordance with Virginia Code § 22.1-271.5.

3. Every student at FUMA will receive a baseline neurocognitive evaluation at the beginning of the school year. They will also report any pertinent medical history such as learning disabilities, ADD/ADHD, history of seizures, previous concussions, and psychiatric history (such as anxiety, depression, or sleep disorders).

4. Any student who is suspected of sustaining a concussion will immediately be removed from activity and not allowed to return until an evaluation is completed by the Head Athletic Trainer or other medical staff.

5. Any student suspected of sustaining a concussion must be evaluated by an appropriate licensed health care provider as defined by the Commonwealth of Virginia.
   a. **Appropriate licensed health care provider** means a physician, physician assistant, osteopath, or athletic trainer licensed by the Virginia Board of Medicine; a neuropsychologist licensed by the Board of Psychology; or a nurse practitioner, or registered nurse licensed by the Virginia State Board of Nursing.

6. No student will be allowed to return to activity including marching, parades, physical training, and extra duty until cleared by the Head Athletic Trainer, the Infirmary, and the Academy Physician.

7. After being cleared to return to activity, all students will follow a graded exercise program as directed by the Head Athletic Trainer. The student will only be cleared for full, unlimited activity if no symptoms reappear during this Return to Play (RTP) program.

8. If deemed necessary by the Head Athletic Trainer, the Infirmary, or Academy Physician; the student will follow a Return to Learn (RTL) protocol for their academic courses. The protocol will provide necessary accommodations until symptoms resolve.

9. All return to activity decisions come from the FUMA medical staff only. Any student sustaining a concussion will have multiple points of contact among the staff and treatment of each student will be a cooperative effort between the Head Athletic Trainer, the Infirmary, and the Academy Physician. On an as-needed basis, this concussion management team may also include members of FUMA administration and faculty necessary to ensure the student's successful transition back to normal cognitive status.

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Procedures

1. All students will be monitored using online neurocognitive software. The testing will be done through the ImPact testing program found at www.impacttest.com.

2. Any time a concussion is suspected; the student will be removed from activity and assessed using a Concussion Assessment Tool. If testing reveals the possibility of a concussion, follow-up will continue with the Acute Concussion Evaluation (ACE) form to monitor symptoms and ImPact testing to monitor neurocognitive function. These will be performed by the Infirmary or Head Athletic Trainer as long and as often as necessary. (Appendix D)

3. No student will begin the RTP program until all symptoms have cleared on ACE evaluations, a passing score is received on the Impact testing, and approval is given by the Head Athletic Trainer and the student is cleared by the Academy physician.

4. Once a student begins the RTP program, daily follow-up assessments must be made with the Head Athletic Trainer and progression through the steps will only be allowed as directed by the Head Athletic Trainer.

5. Once a student begins the RTL program, daily follow-up assessments must be made with the Infirmary and the Head Athletic Trainer and progression through the steps will only be allowed as directed by the Infirmary and the Head Athletic Trainer.

Recognition of Concussions

1. To provide the best care possible to our student population, all FUMA nursing staff, athletic trainers and coaches of football, soccer, basketball, swimming and diving, wrestling, baseball, and lacrosse will receive annual training to recognize concussions. This will be done by means of a computer course through the National Federation of State High School Associations. It is available at the following website: http://nfhslearn.com/courses/61151/concussion-in-sports. Upon completion, this training will allow a person to understand a concussion and possible consequences of sustaining one, identify signs and symptoms of a concussion, determine when to seek advanced medical care, reduce the risk of concussions, and recognize when it is safe to return to activity. Coaches in athletic programs not identified will be encouraged to receive annual training.

2. A concussion can have many signs and symptoms. They will vary by individual and by case. They are typically grouped into 3 categories: physical, cognitive, and emotional.

    a. Physical symptoms include headache, nausea, vomiting, balance problems, dizziness, blurred vision, fatigue, sensitivity to light/sound, numbness or tingling, or trouble sleeping.

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b. Cognitive symptoms include feeling mentally foggy, feeling slowed down, difficulty concentrating, or difficulty remembering.

c. Emotional symptoms include irritability, sadness, nervousness, feeling more emotional than usual, or other behavioral changes.

d. Any combination of these can signal a concussion. If a concussion is suspected, FUMA will err on the side of caution and hold a student out of activity until they can be fully tested.

3. Baseline testing of all students will aid the medical staff in return to play decisions. All baseline testing will be performed using ImPact testing software. This will test information processing, or neurocognitive function. The students' own scores become the baseline against which all future testing will be compared. The testing takes about 20-30 minutes and is a simple computer test designed to be taken despite computer skills, language, or learning disabilities. Testing results are easily shown with a red flag when follow up testing scores do not meet the baseline scores. Receiving a non-red flagged test is only one piece of the RTP and RTL criteria.

Concussion Management Plan

1. Any student suspected of sustaining a concussion will immediately be removed from activity. Assessment will be performed by a trained medical professional as soon as possible using a concussion assessment tool to determine if any impairment is present.
   a. A student will be transported to the Emergency Room if any of the following are present: seizure, extended loss of consciousness, severe headache, or unresolved neurological symptoms.

2. When a concussion is suspected, the Head Athletic Trainer or the Infirmary should be contacted as soon as possible (if not present) to be made aware of the situation. The student will follow-up with the Head Athletic Trainer to take the Impact test after 24 hours of the incident (to allow stabilization of symptoms) to determine if any neurocognitive impairment is present.
   a. If any neurocognitive impairment is found on the "trauma" ImPact test (the term given to the first test after a head injury), then the student will follow-up with the Head Athletic Trainer to repeat the ImPact test once they are symptom free.

3. If signs and/or symptoms are present, the student will follow-up with the Infirmary for daily ACE evaluations. The student will be instructed regarding his responsibility in follow up testing and care, and a contract will be signed stating his understanding to the process. This will continue every day until all signs and symptoms are gone. The student must be released by the Infirmary; no one will stop follow-up visits without permission. (Appendix B)

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4. A student will not be allowed to perform any physical activity including marching, parades, physical training, and extra duty until receiving a zero (0) score on ACE evaluations AND passing the ImPact test AND is cleared by the Academy Physician. A student will be allowed to begin RTP only under the guidance of the Head Athletic Trainer.

5. A student will be provided accommodations in the classroom at the discretion of the Instructor, the Infirmary, the Head Athletic Trainer, and Academy Physician. Accommodations will vary from case to case. As symptoms improve, the accommodations will be reduced and removed.

6. If the concussion management team does not feel that the student is progressing at a reasonable rate, further testing may be recommended with the school physician or other outside resources.

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Return to Play (RTP) Criteria

1. No student will begin the RTP program until they have been symptom free according to the ACE evaluation for at least 24 hours and has received a passing score on the ImPact neurocognitive examination AND is cleared by the Academy Physician. The student will be permitted to march and participate in parades, physical training, and extra duty at step 1 of the RTP program.

2. Once a student has fulfilled all requirements to move on with the RTP program, they will follow a graded exercise program directed by the Head Athletic Trainer. The typical (athletic) program is described here:

   a. Step 1: 20-30 minutes of cardio exercise at low intensity.

   b. Step 2: Unlimited cardio exercise at moderate intensity; begin sport-specific exercise and/or exertional maneuvers (i.e. jumping jacks, push-ups, sit-ups, etc.).

   c. Step 3: Non-contact, sport-specific drills; begin weightlifting at lighter weight (no bench, squat, or power lifting).

   d. Step 4: Full-contact activity under supervision; unlimited activity elsewhere (cardio, weightlifting, etc.).

   e. Step 5: Unrestricted return to activity, only after at least 7 days symptom free.

   Note: This program may be modified according to the student's needs. All students undergoing the RTP program must report to the Head Athletic Trainer daily. Only the Head Athletic Trainer will make decisions about whether to advance a student through the program. All decisions will be conservative to give every student the best opportunity to recover completely.

3. If symptoms reappear at any time during the graded exercise program, the student will immediately stop all activity and report to the Head Athletic Trainer or the Infirmary as soon as possible for a re-evaluation using the ACE assessment. Once symptoms have been gone a full 24 hours again, the student will begin back at Step 1.

4. There is also the rare possibility that a student will sustain multiple concussions within a season. For all students (athletes or not), a season will be considered any four month period. In the event of multiple concussions, extra care must be taken to give the student time to heal. Successive concussions take longer to heal, so the student will be held out of physical activity for a longer period.

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Return to Learn (RTL) Criteria

1. The Faculty, Infirmary, Head Athletic Trainer, and Academy Physician will collaborate to come up with appropriate accommodations to the student's workload and schedule.
2. Accommodations for concussions very based on symptoms and can fall under 4 groups: General, Thinking / Concentrating / Remembering, Fatigue / Headache / Dizziness, and Sad / Anxious / Irritable. The student will be evaluated daily and classroom accommodations will be updated on the Return to Learn Accommodations Check List. (Appendix C)
    a. General
        i. Decreased hours at school;
        ii. Avoid loud/overstimulating environments if symptoms become worse;
        iii. Consider rescheduling tests and assignments;
        iv. Allow the student more time for tests and assignments;
        v. Have rest times for the student during the day; and,
        vi. If applicable have student take time away from elective courses/activities.
    b. Thinking/Concentrating/Remembering
        i. Decrease workload to key tasks and scale work accordingly;
        ii. Increase testing and assignment times;
        iii. Provide written instructions with assignments;
        iv. Have the student answer questions orally instead of written answers; and,
        v. Have class notes prepared, allow computer use, or a recorder for the student to refer to later
    c. Fatigue/Headache/Dizziness
        i. Allow student time to see nurse for headache treatment;
        ii. Have rest times for the student during the day;
        iii. If affected by light, let student wear sunglasses or sit in a less bright area; and,
        iv. If affected by noise, have the student go to a quiet place to do tests or assignments
    d. Sad/Anxious/Irritable
        i. Identify an adult the student can talk with for support;
        ii. Provide a quiet place when the student feels overwhelmed; and,
        iii. Identify certain activities that give the student peace and are approved by medical professionals
3. The plan must be tailored to the student including the type of symptoms, emotional state, and age. The accommodations will also depend on what type of work the student can perform as well as for how long before symptoms worsen. It is the responsibility of the student to make up all missed work after symptoms resolve.
4. The student will see the Infirmary staff every day for the ACE test until symptom free. They will then see the Head Athletic Trainer for the ImPact test and will take it every day until they pass. The last step will be for the student to see the school physician and be cleared by them. After the student is cleared, it is their responsibility to go to the Instructor, Nursing Staff, or Head Athletic Trainer if symptoms reappear.
5. As the student begins to improve with their symptoms, the accommodations will be slowly decreased and removed.

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Additional Resources on Concussions

1. Heads Up: Concussion in High School Sports. http://www.cdc.gov/concussion/headsup/high_school.html
2. Centers for Disease Control and Prevention. http://www.cdc.gov
3. Concussion in Sports- What you need to know. http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000
4. American Academy of Pediatrics, http://www.aap.org
5. American Medical Society for Sports Medicine, http://www.amssm.org/
6. Brain Injury Association of Virginia, http://www.biav.net
7. National Academy of Neuropsychology, http://www.nanonline.org
8. National Athletic Trainers' Association, http://www.nata.org
9. Virginia Department of Health, http://www.vdh.state.va.us
10. Virginia High School League, http://www.vhsl.org

References

1. SCAT2 http://www.cces.ca/files/pdfs/SCAT2[1].pdf
2. ACE http://www.cdc.gov/concussion/headsup/pdf/ACE-a.pdf
3. Centers for Disease Control and Prevention. (n.d.). Returning to school after a concussion: A fact sheet for school professionals. Retrieved from https://www.cdc.gov/headsup/pdfs/schools/tbi_returning_to_school-a.pdf
4. Concussions Management and Treatment. (2015, January 2). Retrieved from https://my.clevelandclinic.org/health/diseases/15038-concussions/management-and-treatment
5. Children's Hospital of Chicago Institute for Sports Medicine. (2011). Return to learn after a concussion: A guide for teacher and school professionals. Retrieved from https://www.iesa.org/documents/general/IESA-Lurie_RTL_Guide.pdf
6. Guskiewicz KM, et al. National Athletic Trainers' Association position statement: management of sport-related concussion. *Journal of Athletic Training.* 2004; 39:280-297.
7. McCrory P, et al. Consensus statement on concussion in sport: the 3rd International Conference on Concussion in Sport held in Zurich, November 2008. *Journal of Athletic Training.* 2009; 44:434-48.
8. Nationwide Children's Hospital. (2019). An educator's guide to concussions in the classroom. Retrieved from https://www.nationwidechildrens.org/specialties/concussion-clinic/concussion-toolkit/an-educators-guide-to-concussions-in-the-classroom
9. Cantu RC. Posttraumatic retrograde and anterograde amnesia: pathophysiology and implications in grading and safe return to play. *Journal of Athletic Training.* 2001; 36(3):244–248.
10. Virginia Board of Education Guidelines for Policies on Concussions in Student-Athletes. Adopted January 13, 2011. Senate Bill 652, the 2010 General Assembly, Code of Virginia § 22.1-271.5.
11. National Federation of State High School Associations (NFHS). Suggested Guidelines for Management of Concussion in Sports. January 2011. http://www.nfhs.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=5902&libID=5924
12. Center for Disease Control (CDC) Heads Up Schools. Helping Students Recover from a Concussion: Classroom Tips for Teachers. https://www.cdc.gov/headsup/pdfs/schools/tbi_classroom_tips_for_teachers-a.pdf

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Appendix A

Student Concussion Statement

☐ I understand that it is my responsibility to report all injuries and illnesses to the Head Athletic Trainer and/or the Infirmary. This includes injuries to me or other cadets.

☐ I grant the medical staff permission to inform my teachers of my concussion status.

☐ I have read and understand the FUMA Concussion Action Plan.

After reading the FUMA Concussion Action Plan, I am aware of the following information:

- A concussion is a brain injury, which I am responsible for reporting to the Head
- Athletic Trainer and/or the Infirmary.
- A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.
- You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the Head Athletic Trainer and/or the Infirmary.
- I will not return to activity if I have received a blow to the head or body that results in concussion-related symptoms until cleared by the Head Athletic Trainer.
- Following concussion, the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
- In rare cases, repeat concussions can cause permanent brain damage, and even death.
- If I ever sustain a concussion, I will report to the Infirmary and Head Athletic Trainer every day until they release me back to activity.

By signing this statement, I affirm that I have read and understand all the FUMA Concussion Action Plan. I also understand that I may be subject to punishment if I do not follow the plan.

_____ _____

Signature of Student Date

_____

Printed Name of Student

_____ _____

Signature of Parent/Guardian (if student is under 18) Date

_____

Printed Name of Parent/Guardian

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Appendix B

Cadet Concussion Instructions

You are being followed by the Training and Medical staff for a Concussion.

You will be seen by the doctor on _____.

Report daily to Infirmary for an evaluation of your symptoms (ACE) after class, drill or extra help.

Report as directed to Training staff on break or after class for ImPact Test every 2-5 days.

Keep quiet. Rest on free time. Minimize TV, music and video. No sports or PT. Eat well, drink well.

When you are symptom free and have a clear ImPact Test you will be cleared by the doctor to start a graduated exercise plan under the guidance of the Training staff.

Only after all evaluations, tests, doctor visits and graduated exercise are completed and clear will you be returned to full duty/sport.

I acknowledge and agree to this plan of care.

Date_____ Cadet Initials_____

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Appendix C

Return to Learn Accommodations Check List

Cadet Name: _____ Date: _____

Concussion recovery requires both cognitive rest and physical rest. The goal during this recovery period in the classroom is to avoid overexerting the brain to the level of triggering or worsening symptoms. Determining the appropriate balance between the amount of cognitive exertion and rest will be different for each cadet. Therefore, an individualized plan for accommodations is required, and should be frequently monitored and updated to allow for the student to progress academically as concussion symptoms improve. The cadet's symptoms will be assessed daily in the infirmary and we will let you know when he is no longer experiencing any symptoms. Feel free to reach out to us with any questions or concerns about his progress.

Thinking/Concentrating/Remembering

___ Decrease workload to key tasks and scale work accordingly

___ Increase testing and assignment times

___Provide written instructions with assignments

___Allow student to answer questions orally instead of written

___Limit Computer time during class

___Allow breaks during the class and CQ

___Attempt homework, but will stop if symptoms occur

Visual Accommodations

___Limit computer time

___Permit sunglasses and provide seating away from bright lights

___Allow handwritten assignments in place of typed

___Prepare copy of class notes

___Allow breaks during the class and CQ

Auditory Accommodations

___Quiet place for class work and assignments

___If classroom is to loud, allow cadet to move to a quiet area

___Allow cadet to eat lunch in a quiet environment

___Allow breaks during the class and CQ

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Testing Restrictions

___No testing for ____ days

___Testing with breaks as needed when symptoms occur

___Reschedule testing if needed based on symptoms

___Allow Extra time for tests/quizzes

Sad/Anxious/Irritable

___Identify an adult the student can talk with for support

___Provide a quiet place when Cadet is feeling overwhelmed

FUMA Accommodations

___No Marching or ED until cadet has passed Impact testing and is cleared for Gradual Return to Activity

___Cadet may stand outside during Drill, unless he is experiencing sensitivity to light

___Dim Lights during CQ

___Allow rest periods from work during CQ

Physical Activity

___No Physical activity

___No Marching or ED

___Cadet may observe sports practices and drill

___Cadet may walk during afternoon activity with breaks as needed

If you have provided the above accommodations and a cadet is still unable to stay in the classroom (due to severe symptoms), please contact a nurse in the Infirmary so they can assess him and discuss this with his parents and medical provider. Most cadets with a mild concussion will benefit from resting in the classroom, even if they are not able to fully participate.

_____

Signature of Student/Date

_____

Signature of Infirmary Nurse/Date

_____

Physician Signature/Date

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Appendix D

ACUTE CONCUSSION EVALUATION (ACE)
PHYSICIAN/CLINICIAN OFFICE VERSION

Gerard Gioia, PhD[1] & Micky Collins, PhD[2]
[1]Children's National Medical Center
[2]University of Pittsburgh Medical Center

Patient Name:_____
DOB:_____ Age:_____
Date:_____ ID/MR#_____

A. Injury Characteristics Date/Time of Injury_____ Reporter: __Patient __Parent __Spouse __Other_____

1. Injury Description _____

1a. Is there evidence of a forcible blow to the head (direct or indirect)? __Yes __No __Unknown
1b. Is there evidence of intracranial injury or skull fracture? __Yes __No __Unknown
1c. Location of Impact: __Frontal __Lft Temporal __Rt Temporal __Lft Parietal __Rt Parietal __Occipital __Neck __Indirect Force
2. Cause: __MVC __Pedestrian-MVC __Fall __Assault __Sports (*specify*)_____Other_____
3. Amnesia Before (Retrograde) Are there any events just BEFORE the injury that you/ person has no memory of (even brief)? __Yes __No Duration
4. Amnesia After (Anterograde) Are there any events just AFTER the injury that you/ person has no memory of (even brief)? __Yes __No Duration
5. Loss of Consciousness: Did you/ person lose consciousness? __Yes __No Duration
6. EARLY SIGNS: __Appears dazed or stunned __Is confused about events __Answers questions slowly __Repeats Questions __Forgetful (recent info)
7. Seizures: Were seizures observed? No__ Yes___ Detail_____

B. Symptom Check List* Since the injury, has the person experienced any of these symptoms any more than usual today or in the past day?
Indicate presence of each symptom (0=No, 1=Yes). **Lovell & Collins, 1998 JHTR*

PHYSICAL (10)		COGNITIVE (4)		SLEEP (4)	
Headache	0 1	Feeling mentally foggy	0 1	Drowsiness	0 1
Nausea	0 1	Feeling slowed down	0 1	Sleeping less than usual	0 1 N/A
Vomiting	0 1	Difficulty concentrating	0 1	Sleeping more than usual	0 1 N/A
Balance problems	0 1	Difficulty remembering	0 1	Trouble falling asleep	0 1 N/A
Dizziness	0 1	COGNITIVE Total (0-4) _____		SLEEP Total (0-4) _____	
Visual problems	0 1	EMOTIONAL (4)			
Fatigue	0 1	Irritability	0 1		
Sensitivity to light	0 1	Sadness	0 1		
Sensitivity to noise	0 1	More emotional	0 1		
Numbness/Tingling	0 1	Nervousness	0 1		
PHYSICAL Total (0-10) _____		EMOTIONAL Total (0-4) _____			
(Add Physical, Cognitive, Emotion, Sleep totals) Total Symptom Score (0-22)	_____				

Exertion: Do these symptoms worsen with:
Physical Activity __Yes __No __N/A
Cognitive Activity __Yes __No __N/A

Overall Rating: How different is the person acting compared to his/her usual self? (circle)
Normal 0 1 2 3 4 5 6 Very Different

C. Risk Factors for Protracted Recovery *(check all that apply)*

Concussion History? Y___ N___	√	Headache History? Y___ N___	√	Developmental History	√	Psychiatric History
Previous # 1 2 3 4 5 6+		Prior treatment for headache		Learning disabilities		Anxiety
Longest symptom duration Days__ Weeks__ Months__ Years__		History of migraine headache __Personal __Family_____		Attention-Deficit/ Hyperactivity Disorder		Depression
						Sleep disorder
If multiple concussions, less force caused reinjury? Yes__ No__				Other developmental disorder_____		Other psychiatric disorder _____

List other comorbid medical disorders or medication usage (e.g., hypothyroid, seizures)_____

D. RED FLAGS for acute emergency management: Refer to the emergency department with sudden onset of any of the following:

* Headaches that worsen	* Looks very drowsy/ can't be awakened	* Can't recognize people or places	* Neck pain
* Seizures	* Repeated vomiting	* Increasing confusion or irritability	* Unusual behavioral change
* Focal neurologic signs	* Slurred speech	* Weakness or numbness in arms/legs	* Change in state of consciousness

E. Diagnosis (ICD): __Concussion w/o LOC 850.0 __Concussion w/ LOC 850.1 __Concussion (Unspecified) 850.9 __Other (854) _____
__No diagnosis

F. Follow-Up Action Plan **Complete *ACE Care Plan* and provide copy to patient/family.**
___ **No Follow-Up Needed**
___ **Physician/Clinician Office Monitoring:** Date of next follow-up _____
___ **Referral:**
___ Neuropsychological Testing
___ Physician: Neurosurgery____ Neurology____ Sports Medicine____ Physiatrist____ Psychiatrist____ Other_____
___ Emergency Department

ACE Completed by:_____

This form is part of the "Heads Up Brain Injury in Your Practice" tool kit developed by the Centers for Disease Control and Prevention (CDC).