

APPENDIX B: Immediate Post Concussion Instructions

The following instructions are to be given to each athlete and their parent/guardian after sustaining a concussion, as identified in section 6.4 of the UHSAA Concussion Management Policy. These instructions are included with the "Return to Play Clearance Form"

Head Injury Precautions

During the first 24 hours:

1. Diet – drink only clear liquids for the first 8-12 hours and eat reduced amounts of foods thereafter for the remainder of the first 24 hours.
2. Pain Medication – **do not take any pain medication except Tylenol.** Dosing instructions provided with pain medications should be followed.
3. Activity – activity should be limited for the first 24 hours, this would involve no school, video games, extracurricular or physical activities or work when applicable.
4. Observation – several times during the first 24 hours:
 - a. Check to see that the pupils are equal. Both pupils may be large or small, but the right should be the same size as the left.
 - b. Check the athlete to be sure that he/she is easily aroused; that is, responds to shaking or being spoken to, and when awakened, reacts normally.
 - c. Check for and be aware of any significant changes. (See #5 below)
5. Significant changes
Conditions may change significantly within the next 24 hours. Immediately obtain emergency care for any of the following signs or symptoms:
 - a. Persistent or projectile vomiting
 - b. Unequal pupil size (see 4a above)
 - c. Difficulty in being aroused
 - d. Clear or bloody drainage from the ear or nose
 - e. Continuing or worsening headache
 - f. Seizures
 - g. Slurred speech
 - h. Can't recognize people or places – increasing confusion
 - i. Weakness or numbness in the arms or legs
 - j. Unusual behavior change – increasing irritability
 - k. Loss of consciousness
6. Improvement
The best indication that an athlete who has suffered a significant head injury is progressing satisfactorily, is that he/she is alert and behaving normally.

Licensed Athletic Trainer/School Designee Phone # _____

Local ER Phone # _____

WESTLAKE



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