



## **ALVIN INDEPENDENT SCHOOL DISTRICT**

*Michael C. Bass  
Athletic Director*

### **Parents' Concussion Management Instructions**

Dear Parent or Guardian:

Your child sustained a head injury while participating in athletics. Please be observant for the following signs and symptoms:

1. Headache that increases in intensity\*
2. Nausea or vomiting\*
3. Difference in pupil size from right to left eye, dilated pupils\*
4. Mental confusion or behavior changes
5. Dizziness
6. Memory Loss
7. Ringing in the ears
8. Changes in gait or balance
9. Blurry or double vision\*
10. Slurred speech\*
11. Noticeable changes in level of consciousness (difficulty awakening or sudden loss of consciousness)\*
12. Seizure activity\*
13. Decreased or irregular pulse or respirations\*

**\* Seek medical attention at the nearest emergency room.**

The best guideline is to note symptoms that worsen, and behaviors that seem to represent a change in your child. If you have any question or concern about the symptoms that you are observing, contact your family physician or go to the emergency room. Otherwise, you can follow the instructions outlined below.

<b>It is OK to:</b>	<b>There is NO Need to:</b>	<b>Do Not:</b>
<ul style="list-style-type: none"> <li>• Use acetaminophen (Tylenol®) for headaches</li> </ul>	<ul style="list-style-type: none"> <li>• Check eyes with a flashlight</li> </ul>	<ul style="list-style-type: none"> <li>• Drink alcohol</li> </ul>
<ul style="list-style-type: none"> <li>• Use ice pack on head and neck as needed for comfort</li> </ul>	<ul style="list-style-type: none"> <li>• Wake up every hour</li> </ul>	<ul style="list-style-type: none"> <li>• Drive while symptomatic</li> </ul>
<ul style="list-style-type: none"> <li>• Eat a light diet</li> </ul>	<ul style="list-style-type: none"> <li>• Test reflexes</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise or lift weights</li> </ul>
<ul style="list-style-type: none"> <li>• Go to sleep</li> </ul>	<ul style="list-style-type: none"> <li>• Stay in bed</li> </ul>	<ul style="list-style-type: none"> <li>• Take ibuprofen, aspirin, naproxen or other non-steroidal anti-inflammatory medications</li> </ul>
<ul style="list-style-type: none"> <li>• Rest ( no strenuous activity or sports)</li> </ul>		

Please remind your child to check with the athletic trainer(s) BEFORE going to class. Junior High Athletes must check in with High School Athletic Trainer before the next school day. If you have any questions, please call your campus' atheltic trainer(s) AHS 281-245-2623 MHS 281-245-2629.

## **Guide for Referral to Physician**

### **Immediate Emergency Referral Symptoms**

**(The athlete needs to be transported to the nearest emergency department.)**

1. Deterioration of neurologic function (loss of sensation, difficulty moving limb)
2. Loss of consciousness or decreasing level of consciousness
3. Decreased or irregular respiration
4. Decreased or irregular pulse
5. Unequal, dilated or unreactive pupils
6. Any signs or symptoms of associated injuries: spine or skull fracture, severe bleeding
7. Mental status changes: lethargy, confusion, agitation
8. Seizures

### **Day-of-Injury Referral Symptoms**

1. Amnesia
2. Increased blood pressure
3. Vomiting
4. Balance deficits
5. Post-concussion symptoms that worsen
6. Additional concussion symptoms as compared with sideline examination
7. Athlete is symptomatic one hour after initial evaluation

### **Delayed Referral Symptoms (after the day of the injury)**

1. Any of the findings from the Day-of-Injury group above
2. Symptoms have become worse
3. Increase in the number of symptoms reported
4. Symptoms begin to interfere with daily activities

**WHEN IN DOUBT, REFER THE ATHLETE TO THE NEAREST EMERGENCY DEPARTMENT OR THE ATHLETE'S PERSONAL PHYSICIAN.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_