PATIENT CHART

Chart for Randy Adams Simulation #1

Download the following and attach to chart:

* Patient Take Home Instructions following a concussion from CDC.GOV

<https://www.cdc.gov/traumaticbraininjury/pdf/TBI_Patient_Instructions-a.pdf>

SBAR Report Students Will Receive Before Simulation

**Time:** 0800 Tuesday (24 hours after the accident)

**Person providing report:** Nurse going off duty

**Situation:** Randy Adams is a 32-year-old male patient of Dr. Joe Reynolds who was admitted for 24-hour observation for mild concussion following a motor vehicle accident yesterday morning. His wife, Joy, is here to transport him home.

**Background:** Randy lost consciousness during the accident and was very confused when he arrived in the ER after EMS transport. He is an Iraq war veteran and after the accident he seemed to think that this all happened in Iraq. Dr. Reynolds is concerned that he has some residual problems from a couple of explosive incidents while he was in Iraq. He is unsure whether Randy’s current symptoms are from the car accident or from prior injuries, so he has referred him for a consultation with the neurologist and with behavioral health.

**Assessment:** He settled down after his wife arrived. His CT scan and X-ray were negative, and his neuro checks have been fine. He was medicated with acetaminophen x 2 and we gave him an ice pack, but he still complains of a headache. We have not been asking for orientation to time, since he does not have a watch and there is no clock in the room.

**Recommendation:** He is due for one more neuro check and then you can take out his saline lock, go over his discharge paperwork with the patient and his wife, and do the medication reconciliation form. The appointments are already made for the consultations and he takes sumatriptan at home for migraines so it’s mainly the post head injury counseling you’ll need to discuss with them.

Provider Orders

**Allergies/Sensitivities:** None known

|  |  |
| --- | --- |
| **Date/Time:** |  |
| xx/xx/xx 0800 | **Condition of patient:** Good   1. **DIET:** Regular diet as tolerated 2. **VITAL SIGNS AND NEURO CHECKS:** q. 2h. while awake 3. **ACTIVITY:**   Bathroom privileges  Keep room quiet  No visitors except wife   1. **IMAGING:**   CT Scan of head in ED  X-ray of head and neck   1. **MISCELLANEOUS:**   Ice pack to head  Maintain saline lock   1. **MEDICATIONS:**   Acetaminophen 650 mg by mouth every 4 hours prn  May use own sumatriptan for migraine if needed.  Seizure precautions: Lorazepam 4 mg IV push (2 mg/min) x1 dose prn seizure activity. Alert physician immediately for any seizure activity.   1. **DISCHARGE:**    1. May be discharged with wife after 24 hours    2. No driving until follow-up with me in 5 days    3. Consultation with Dr. Patrick (neurology) tomorrow    4. Consultation with Dr. Nalor (behavioral health) following day    5. Encourage family to contact VA OEF/OIF coordinator for further follow-up regarding potential post-concussive combat concern   Joe Reynolds, MD |

Lab Data

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date/Time:** |  | **Test:** | **Result:** | **Reference range:** |
| ED entry | **Chemistries** | Sodium | 137 mEq/L | 135-145 mEq/L |
|  |  | Potassium | 4.0 mEq/L | 3.5-5.2 mEq/L |
|  |  | Calcium | 8.5 mg/dl | 8.5 – 10.2 mg/dl |
|  |  | Carbon dioxide | 26 mEq/L | 20-29 mEq/L |
|  |  | Chloride | 103 mEq/L | 96-106 mEq/L |
|  |  | Glucose | 99 mg/dl | 74 -106 mg/dl |
|  |  | Bun | 15 mg/dl | 7-20 mg/dl |
|  |  | Creatinine | 1.0 mg/dl | 0.8 – 1.4 mg/dl |
|  |  |  |  |  |
|  | **Hematology** | Hematocrit | 40% | 38 – 43% |
|  |  | Hemoglobin | 15 g/dl | 12 – 16 mg/dl |

Radiology Reports

|  |  |
| --- | --- |
| **Date/Time:** |  |
| (upon admission) | X-ray: skull and neck exhibit no signs of fracture |
| (upon admission) | CT scan: no new bleeding or injury identified |

Medication Administration Record

Scheduled & Routine Drugs

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Hours of Administration:** | **Date of Administration:** | **Initials** |
|  |  |  |  |  |  |  |  |

PRN and STAT Medications

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Date/Time Administered:** | | **Initials** |
| today | Acetaminophen | 650 mg | by mouth | Every 4h as needed for pain | today | 1000  1800 | *SM*  *SM* |
|  | Sumatriptan | 50 mg | PO | As needed every 2 hours for migraine  Do not exceed 200 mg/day |  |  |  |
|  | Lorazepam | 18 mg | IV | In case of seizure |  |  |  |

Nurse Signatures

|  |  |
| --- | --- |
| **Initial** | **Nurse Signature** |
| *CC* | Cathy Callan, RN |
| *SM* | Sam Miller, RN |

Medical Reconciliation Form

**Source of medication list (i.e. patient, family member, primary care provider):** Source of medication list (check all that apply) patient medication list, patient/family recall, pharmacy, PCP list, previous discharge paperwork, MAR for facility

**Allergies/Sensitivities:** None known

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medication Name** | **Dose** | **Route** | **Frequency** | **Last Dose** | **Continue/DC** |
| Acetaminophen | 650 mg | PO | Every 4 hours as needed for pain |  | C  DC |
| Sumatriptan | 50 mg | PO | As needed every 2 hours for migraine. Do not exceed 200 mg/day |  | C  DC |
| Lorazepam | 18 mg | IV |  |  | C  DC |

|  |
| --- |
| Signature RN:  Print Name: Date: |

Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Scan to pharmacy

Downtime Documentation

Abbreviated Neurological Assessment Flowsheet

(Adapted from NIH Stroke Scale)

|  |  |
| --- | --- |
| **Patient Name:** Randy Adams | **Diagnosis:** Concussion w/ loss of consciousness |
| **Date/ Time:** Monday/1000 | **Signature:** Sam Miller, RN |
| Level of Consciousness | |
| Alert/ keenly responsive  Not alert, but arousable by minor stimulation to obey, answer, or respond  Not alert; requires repeated stimulation to attend/ obtunded  Responds only with reflex motor or autonomic effects, or totally unresponsive | |
| What month is it? How old are you? | |
| Answers both questions correctly  Answers one question correctly  Answers neither question correctly | |
| Person/ Time/ Place/ Situation | |
| Answers person correctly  Answers place correctly  Answers time correctly  Answers situation correctly | |

|  |  |
| --- | --- |
| **Patient Name:** Randy Adams | **Diagnosis:** Concussion w/ loss of consciousness |
| **Date/ Time:** Monday/1200 | **Signature:** Sam Miller, RN |
| Level of Consciousness | |
| Alert/ keenly responsive  Not alert, but arousable by minor stimulation to obey, answer, or respond  Not alert; requires repeated stimulation to attend/ obtunded  Responds only with reflex motor or autonomic effects, or totally unresponsive | |
| What month is it? How old are you? | |
| Answers both questions correctly  Answers one question correctly  Answers neither question correctly | |
| Person/ Time/ Place/ Situation | |
| Answers person correctly  Answers place correctly  Answers time correctly  Answers situation correctly | |

|  |  |
| --- | --- |
| **Patient Name:** Randy Adams | **Diagnosis:** Concussion w/ loss of consciousness |
| **Date/ Time:** Monday/1400 | **Signature:** Sam Miller, RN |
| Level of Consciousness | |
| Alert/ keenly responsive  Not alert, but arousable by minor stimulation to obey, answer, or respond  Not alert; requires repeated stimulation to attend/ obtunded  Responds only with reflex motor or autonomic effects, or totally unresponsive | |
| What month is it? How old are you? | |
| Answers both questions correctly  Answers one question correctly  Answers neither question correctly | |
| Person/ Time/ Place/ Situation | |
| Answers person correctly  Answers place correctly  Answers time correctly  Answers situation correctly | |
| **Patient Name:** Randy Adams | **Diagnosis:** Concussion w/ loss of consciousness |
| **Date/ Time:** Monday/1600 | **Signature:** Sam Miller, RN |
| Level of Consciousness | |
| Alert/ keenly responsive  Not alert, but arousable by minor stimulation to obey, answer, or respond  Not alert; requires repeated stimulation to attend/ obtunded  Responds only with reflex motor or autonomic effects, or totally unresponsive | |
| What month is it? How old are you? | |
| Answers both questions correctly  Answers one question correctly  Answers neither question correctly | |
| Person/ Time/ Place/ Situation | |
| Answers person correctly  Answers place correctly  Answers time correctly  Answers situation correctly | |

|  |  |
| --- | --- |
| **Patient Name:** Randy Adams | **Diagnosis:** Concussion w/ loss of consciousness |
| **Date/ Time:** Monday/1800 | **Signature:** Sam Miller, RN |
| Level of Consciousness | |
| Alert/ keenly responsive  Not alert, but arousable by minor stimulation to obey, answer, or respond  Not alert; requires repeated stimulation to attend/ obtunded  Responds only with reflex motor or autonomic effects, or totally unresponsive | |
| What month is it? How old are you? | |
| Answers both questions correctly  Answers one question correctly  Answers neither question correctly | |
| Person/ Time/ Place/ Situation | |
| Answers person correctly  Answers place correctly  Answers time correctly  Answers situation correctly | |
| **Patient Name:** Randy Adams | **Diagnosis:** Concussion w/ loss of consciousness |
| **Date/ Time:** Monday/2000 | **Signature:** Cathy Callen, RN |
| Level of Consciousness | |
| Alert/ keenly responsive  Not alert, but arousable by minor stimulation to obey, answer, or respond  Not alert; requires repeated stimulation to attend/ obtunded  Responds only with reflex motor or autonomic effects, or totally unresponsive | |
| What month is it? How old are you? | |
| Answers both questions correctly  Answers one question correctly  Answers neither question correctly | |
| Person/ Time/ Place/ Situation | |
| Answers person correctly  Answers place correctly  Answers time correctly  Answers situation correctly | |

|  |  |
| --- | --- |
| **Patient Name:** Randy Adams | **Diagnosis:** Concussion w/ loss of consciousness |
| **Date/ Time:** Monday/2200 | **Signature:** Cathy Callen, RN |
| Level of Consciousness | |
| Alert/ keenly responsive  Not alert, but arousable by minor stimulation to obey, answer, or respond  Not alert; requires repeated stimulation to attend/ obtunded  Responds only with reflex motor or autonomic effects, or totally unresponsive | |
| What month is it? How old are you? | |
| Answers both questions correctly  Answers one question correctly  Answers neither question correctly | |
| Person/ Time/ Place/ Situation | |
| Answers person correctly  Answers place correctly  Answers time correctly  Answers situation correctly | |
| **Patient Name:** Randy Adams | **Diagnosis:** Concussion w/ loss of consciousness |
| **Date/ Time:** Monday/2400 | **Signature:** Cathy Callen, RN |
| Level of Consciousness | |
| Alert/ keenly responsive  Not alert, but arousable by minor stimulation to obey, answer, or respond  Not alert; requires repeated stimulation to attend/ obtunded  Responds only with reflex motor or autonomic effects, or totally unresponsive | |
| What month is it? How old are you? | |
| Answers both questions correctly  Answers one question correctly  Answers neither question correctly | |
| Person/ Time/ Place/ Situation | |
| Answers person correctly  Answers place correctly  Answers time correctly  Answers situation correctly | |

|  |  |
| --- | --- |
| **Patient Name:** Randy Adams | **Diagnosis:** Concussion w/ loss of consciousness |
| **Date/ Time:** Tuesday/0200 | **Signature:** Cathy Callen, RN |
| Level of Consciousness | |
| Alert/ keenly responsive  Not alert, but arousable by minor stimulation to obey, answer, or respond  Not alert; requires repeated stimulation to attend/ obtunded  Responds only with reflex motor or autonomic effects, or totally unresponsive | |
| What month is it? How old are you? | |
| Answers both questions correctly  Answers one question correctly  Answers neither question correctly | |
| Person/ Time/ Place/ Situation | |
| Answers person correctly  Answers place correctly  Answers time correctly  Answers situation correctly | |

|  |  |
| --- | --- |
| **Patient Name:** Randy Adams | **Diagnosis:** Concussion w/ loss of consciousness |
| **Date/ Time:** Tuesday/0400 | **Signature:** Cathy Callen, RN |
| Level of Consciousness | |
| Alert/ keenly responsive  Not alert, but arousable by minor stimulation to obey, answer, or respond  Not alert; requires repeated stimulation to attend/ obtunded  Responds only with reflex motor or autonomic effects, or totally unresponsive | |
| What month is it? How old are you? | |
| Answers both questions correctly  Answers one question correctly  Answers neither question correctly | |
| Person/ Time/ Place/ Situation | |
| Answers person correctly  Answers place correctly  Answers time correctly  Answers situation correctly | |

|  |  |
| --- | --- |
| **Patient Name:** Randy Adams | **Diagnosis:** Concussion w/ loss of consciousness |
| **Date/ Time:** Tuesday/0600 | **Signature:** Cathy Callen, RN |
| Level of Consciousness | |
| Alert/ keenly responsive  Not alert, but arousable by minor stimulation to obey, answer, or respond  Not alert; requires repeated stimulation to attend/ obtunded  Responds only with reflex motor or autonomic effects, or totally unresponsive | |
| What month is it? How old are you? | |
| Answers both questions correctly  Answers one question correctly  Answers neither question correctly | |
| Person/ Time/ Place/ Situation | |
| Answers person correctly  Answers place correctly  Answers time correctly  Answers situation correctly | |
| **Patient Name:** Randy Adams | **Diagnosis:** Concussion w/ loss of consciousness |
| **Date/ Time:** Tuesday/0800 | **Signature:** |
| Level of Consciousness | |
| Alert/ keenly responsive  Not alert, but arousable by minor stimulation to obey, answer, or respond  Not alert; requires repeated stimulation to attend/ obtunded  Responds only with reflex motor or autonomic effects, or totally unresponsive | |
| What month is it? How old are you? | |
| Answers both questions correctly  Answers one question correctly  Answers neither question correctly | |
| Person/ Time/ Place/ Situation | |
| Answers person correctly  Answers place correctly  Answers time correctly  Answers situation correctly | |

Downtime Documentation

24-hour Pain Assessment Flowsheet

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** Monday | | | **Patient Name:** Randy Adams | | | **Diagnosis:** Concussion with loss of consciousness | | | |
| **Time:** | **Pain location:** | **Pain intensity**  **(0-10 scale):** | | **Pain character:** | **Provoking factors:** | | **Relieving factors:** | **Intervention:** | **Result:** |
| 1000 | Headache | 6 | | Aching | Lying still | | Med | See MAR | 3 |
| 1800 | Headache | 5 | | Aching | Lying still | | Lying still, med | See MAR | asleep |

|  |  |
| --- | --- |
| **Pain Character:**  aching, burning, shooting, radiating, stinging, tingling | **Pain Intensity:**  0 1 2 3 4 5 6 7 8 9 10  None Moderate Severe |

**A concussion** is an injury to the brain as a result of a force or jolt applied directly or indirectly to the head, which produces a range of possible symptoms, and may or may not involve a loss of consciousness. It is a complex pathophysiologic process affecting the brain, induced by traumatic biomechanical forces secondary to direct or indirect forces to the head. Disturbance of brain function is related to neurometabolic dysfunction, rather than structural injury, and is typically associated with normal structural neuroimaging findings (i.e., CT scan, MRI). Concussion may or may not involve a loss of consciousness (LOC). Concussion results in a constellation of cognitive, somatic, emotional and sleep-related symptoms. Duration of symptoms are variable and may last for as short as several minutes and last as long as several days, weeks, months or even longer in some cases.

**ACE ED Instructions**

**A. Injury Characteristics**:

1. **Injury Description:** Ask for **description of events** resulting in the injury; how the injury occurred, type of force, location on head.

2. **Cause:** Indicate the cause of injury or write in Other cause.

3/4. **Amnesia**: Determine whether child was not registering memories (amnesia)– before (retrograde) and after (anterograde) injury. Estimate length of time for each (Retrograde amnesia “What is the last thing you remember before your injury?” Anterograde amnesia “What is the first thing you remember after your injury?”)

5. **Loss of consciousness** **(LOC)** – If occurs, determine length of LOC.

6. **Early signs observed by others**. Ask the individuals who know the patient (parent, spouse, friend, etc.) about signs of the concussion/ mTBI that they may have observed. Signs are typically observed early after the injury.

7. **Seizures:** Inquire whether **seizures** were observed or not.

**B. Symptom Checklist:**

* Ask patient (and/ or parent, if child) to report presence of the 4 categories of symptoms since injury. It is important to assess all listed symptoms as different parts of the brain control different functions. One or all symptoms may be present depending upon mechanisms of injury. If the symptom is not present, circle “0” on the scale. Circle “1” if present.
* Note: Most sleep symptoms are only applicable after a night has passed since the injury. If not applicable, circle N/A. Drowsiness may be present on the day of injury.
* Since symptoms can be present premorbidly/ at baseline (e.g., inattention, headaches, sleep, sadness), it is important to assess change from its typical presentation. For any symptom - if Patient/ Parent indicates “I/ He usually has that problem/symptom” – Ask “*Are you/ they experiencing this symptom more than usual or in a different manner than usual*?” If “Yes” circle “1”.

**Scoring**: Sum total number of symptoms present per area, and sum all 4 areas into Total Symptom Score. (Note: Most sleep symptoms are only applicable after a night has passed since the injury. Drowsiness may be present on the day of injury.) If symptoms are new and present, there is no lower limit symptom score. Any score > 0 indicates positive symptom history.

* **General Impression:** Ask how different the person is acting than usual. Circle 0 (No difference) to 6 (Major) to rate degree.
* **Patient Participation:**I Indicate the extent to which the patient is able to participate in the evaluation and, if less than fully, give reason for Partial or No participation.

**C. Concussion history**: Assess the number and date(s) of prior concussions.4-8 History of prior concussions, especially recent (within past several weeks or months) would suggest the need for more conservative decision-making regarding Return to Play, and general post-injury management.

**Headache history**: Assess personal history of diagnosis/treatment for headaches. Research indicates headache (migraine in particular) can result in protracted recovery from concussion.8-11

**D. Diagnosis:** Assign the most appropriate diagnosis given the following:

**850.0 (Concussion, with no loss of consciousness)** – Positive Injury Description (A1), i.e., forcible direct/ indirect blow to the head; plus evidence of active symptoms (B) of any type and number related to the trauma; no evidence of LOC (A5), skull fracture, or other intracranial injury.

**850.1 (Concussion, with brief loss of consciousness < 1 hour)** – Positive Injury Description (A1), i.e., forcible direct/ indirect blow to the head; plus evidence of active symptoms (B) of any type and number related to the trauma; positive evidence of LOC (A5); no skull fracture, or other intracranial injury.

**850.9 (Concussion, unspecified)** – Positive Injury Description (A1), i.e., forcible direct/ indirect blow to the head; plus evidence of active symptoms (B) of any type and number related to the trauma; unclear/unknown injury details; unclear evidence of LOC (A5), no skull fracture, or other intracranial injury.

**NOTE: If there is evidence of skull fracture of structural intracranial injury to the brain, consider 854 (***Intracranial injury* of other and unspecified nature; 854.0 Without mention of open intracranial wound, 854.1 With open intracranial wound). Avoid using nonspecific H*ead injury* *NOS (959.01)* whenever possible.

**E. Follow-Up Action**: Determine a plan of action for follow-up of symptomatic patients. Serial evaluation of the concussion is critical as symptoms may resolve, worsen, or ebb and flow depending upon a variety of factors (e.g., cognitive/ physical exertion, comorbidities). Referral to a specialist can be particularly valuable to help manage certain aspects of the patient’s condition.

(a) Patient monitoring in the primary care physician office.

(b) Referral to a specialist: particularly valuable to help manage certain aspects of the patient’s condition.

* Neuropsychological Testing is particularly relevant for cognitive and/or behavioral dysfunction affecting school, home or work activities, for purpose of treatment planning. Testing is also recommended when a patient may be returning to sports or other at-risk activities.
* Physician Evaluation is particularly relevant for medical evaluation and management of concussion. Also, critical for evaluation and management of focal neurologic, sensory, vestibular, and motor concerns. May be useful for medication management (e.g., headaches, sleep disturbance, depression) if post-concussive problems persist.

|  |  |
| --- | --- |
| **ACUTE CONCUSSION EVALUATION (ACE)**  **Emergency Department (ED) Version v1.4**  **Gerard Gioia, PhD1 & Micky Collins, PhD2**  **1Children’s National Medical Center**  **2University of Pittsburgh Medical Center** | Patient Name: \_Randy Adams\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DOB: \_07-26-YYYY\_\_\_\_\_\_ Age: \_32\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_today\_\_\_\_\_\_\_\_\_\_\_ ID/MR# \_76894\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **A. Injury Characteristics** **Date/Time of Injury** \_0800\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reporter:** \_\_ **Patient** \_\_ **Parent** \_\_ **Spouse** \_\_ **Other** \_EMS\_\_\_  **1. Injury Description** \_ contusion to forehead\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1a. Is there evidence of a forcible blow to the head (direct or indirect)? \_X\_Yes \_\_No \_\_Unknown  1b. Is there evidence of intracranial injury or skull fracture? \_\_Yes \_X\_No \_\_Unknown confirmed by x-ray  1c. Location of Impact: \_X\_Frontal \_\_Lft Temporal \_\_Rt Temporal \_\_Lft Parietal \_\_Rt Parietal \_\_Occipital \_\_Neck \_\_Indirect Force  **2.** **Cause**: \_X\_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)?\_X\_Yes \_\_No Duration \_\_\_\_\_\_\_\_\_\_\_  **4.** **Amnesia After (Anterograde)** Are there any events just AFTER the injury that you/ person has no memory of (even brief)? \_X\_Yes \_\_No Duration \_\_\_\_\_\_\_\_\_\_\_  **5. Loss of Consciousness**: Did you/ person lose consciousness? \_X\_Yes \_\_No Duration \_2 min\_\_\_  **6. EARLY SIGNS**: \_X\_Appears dazed or stunned \_X\_Is confused about events \_ X\_Answers questions slowly \_ \_Repeats Questions \_X\_Forgetful (recent info)  **7.** **Seizures**: Were seizures observed? No\_X\_ 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?   |  | | --- | | Other Observations  “Thought accident\_  occurred in Iraq.\_\_\_  Thought someone\_\_  was trying to\_\_\_\_\_\_\_  detonate an\_\_\_\_\_\_\_  explosive.”\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   **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)** 4 | | **Sleep Total (0-4)** 2 | | | 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)** 4 | | **EMOTIONAL Total (0-4)** 3 | | | **(Add Physical, Cognitive, Emotion, Sleep totals)**  **Total Symptom Score (0-22)** | | | 13/22 |   **Patient Participation**: Full\_X\_ Partial\_\_ None\_\_  **Reason for Partial/None**: Young Age\_\_ Confused\_\_ Inattentive\_\_ Low arousal\_\_ Emotional Upset\_\_ In Pain\_\_ Other\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **C. Concussion History:** *Previous# 0 1 2 3 4 5 Date(s)* \_Uncertain. Records needed from military service.  **Headache History:** *Prior treatment for headache N \_\_\_\_\_ Y \_\_*X*\_\_\_ Details* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **D. Diagnosis (ICD):** \_\_\_\_Concussion w/o LOC 850.0 \_X\_Concussion w/ LOC 850.1 \_\_Concussion (Unspecified) 850.9 \_\_ Other (854) \_\_\_\_\_\_  \_\_\_\_ No diagnosis |

|  |
| --- |
| **E. Follow-Up Action Plan \_√\_\_ Referral to PCP for Office Monitoring MD Name** \_ J Reynolds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Neuropsychological Testing (recommended for Return to Sport decisions and academic/ behavioral management)  \_X\_ Physician: Neurosurgery\_\_\_\_ Neurology\_X\_\_ Sports Medicine\_\_\_\_ Physiatry\_\_\_\_ Psychiatry\_X\_\_  \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

ACE-ED Completed by: \_ J Reynolds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD RN NP DO

|  |
| --- |
| © Copyright G. Gioia & M. Collins, 2006 |