STATE OF WASHINGTON

WASHINGTON STATE SCHOOL FOR THE BLIND

PARENT INFORMATION FOLLOWING HEAD INJURY AT SCHOOL

Most head injuries are minor and are not associated with serious after-effects. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. It is important to watch the head-injured person very carefully for 24 to 48 hours after the injury occurs for signs that may indicate a serious aftereffect. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

If any of the following symptoms develop after a head injury, call the doctor or emergency room of the nearest hospital:

1. Deep sleep from which it is difficult to waken the person.
2. Breathing difficulty; moist skin
3. Blood or clear fluid draining from mouth, nose, ears or eyes
4. Persistent or forceful vomiting
5. Appearance of dazed, confused, dizzy, incoherent or changed behavior
6. One pupil (black part of eye) larger than the other
7. Convulsions, trembling or jerking of the body, arms and legs
8. Complaints of headache or double or blurred vision
9. Visible wound or swelling; moist skin
10. Difficulty walking

WASHINGTON STATE SCHOOL FOR THE BLIND
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School Staff Incident Observation of Concussion & Head Injury

Student's Name _____
Date/Time of Injury _____
History of Injury _____
Action(s) Taken _____

OBSERVATIONS	**YES**	**NO**
1. Complaints of headache, double or blurred vision If headache, note location _____ Type of pain _____	○	○
2. Cannot recall events prior to injury	○	○
3. Appearing to be dazed, confused, incoherent	○	○
4. Unconscious after injury If yes, note time of onset _____ Time regained consciousness _____	○	○
5. Convulsions, trembling, or jerking of body, arms, leg. If yes, describe _____ Duration _____	○	○
6. Visible wound or swelling If yes, describe _____	○	○
7. Bleeding from nose, ear, mouth (exclusive of direct blow to nose, ear, mouth).	○	○
8. Clear fluid from ear, nose, mouth, eye. If yes, describe amount _____	○	○
9. One pupil larger than other	○	○
10. Cyanosis (blue/grey color) of skin or mucous membranes (inside lips, mouth, eyelids)	○	○
11. Difficulty breathing: rate of respiration	○	○
12. Vomiting	○	○
13. Pulse present Rate of respiration _____	○	○
14. Unsteady gait (difficulty walking)	○	○
15. Skin moist	○	○

Signature of Observer _____ **Position** _____

Work Phone _____ **Copy to Health Center** ○