HEAD INJURY FORM

Once completed the original form must be filed in the person's medical record. A copy of this form may be included with the Incident Report to document follow up care and monitoring.

Persons Name: _____ Location: _____

Date: _____ Time started: _____

When a person supported has had an impact to their head; it is important that staff follow their First Aid training. Based on the severity there may be a need for immediate medical attention.

Signs of Head Injury (need immediate medical attention):

- Excessive bleeding or drainage from the nose or ears that will not stop,
- Brief period of unconsciousness or sustained unconsciousness,
- Inability to remain awake,
- Blurred or double vision,
- Headache, paleness, disorientation or confusion, dizziness, nausea/vomiting
- General neurological deficit (such as pupils unequally dilated or eyes that do not work together to track an object), convulsions, difficulty walking or balance.

If impact to the head did not require medical attention or the doctor sent them home; staff still need to closely monitor throughout the day and night for 24 – 72 hours to ensure no further symptoms occur. Staff should check every 30 minutes while awake, and every two hours while sleeping; she/he should be awakened. Do not give any sedatives or medication that causes drowsiness, alcohol is not to be consumed, nor is aspirin or ibuprofen to be administered (Motrin, Advil) if the person has a possible head injury.

If a concussion or head injury was not serious enough to require hospitalization, a doctor will give instructions on home care. Staff are to follow discharge orders and document all care given via the HCC form located in the Medication Records Book. Again, this includes watching the person closely for 24 – 72 hours to ensure no further sypmtoms occur.

Staff should verify that the person has been checked by initialing next to the appropriate times. If at any point the persons general well being changes staff are to follow their First Aid training and give proper care, they may also need to take the person to the nearest clinic, emergency room or if necessary call 911.

INITIAL each time you check the person to insure recovery is in progress.

Time	Initials	Time	Initials	Time	Initials
8:00 AM		4:00 PM		12:00 AM	
8:30 AM		4:30 PM		12:30 AM	
9:00 AM		5:00 PM		1:00 AM	
9:30 AM		5:30 PM		1:30 AM	
10:00 AM		6:00 PM		2:00 AM	
10:30 AM		6:30 PM		2:30 AM	
11:00 AM		7:00 PM		3:00 AM	
11:30 AM		7:30 PM		3:30 AM	
12:00 AM		8:00 PM		4:00 AM	
12:30 PM		8:30 PM		4:30 AM	
1:00 PM		9:00 PM		5:00 AM	
1:30 PM		9:30 PM		5:30 AM	
2:00 PM		10:00 PM		6:00 AM	
2:30 PM		10:30 PM		6:30 AM	
3:00 PM		11:00 PM		7:00 AM	
3:30 PM		11:30 PM		7:30 AM	