

HEAD INJURY SYMPTOM CHECKLIST (HISC)
Health Services Department
Lincoln Public Schools

Student Name: _____ DOB: _____ ID#: _____
Date of injury: _____ Time of injury: _____

This form is intended as a "Worksheet", shred this document after information is charted in the electronic record.

Assessment Item	YES	NO	Comments/Description
	Present	Absent	
1. Loss of consciousness for any amount of time			If yes, call 911
2. Mental status abnormalities lasting more than 15 minutes			If yes, call 911
3. Difficulty concentrating (inattention, inability to maintain a coherent stream of thought and carry out goal-directed movements)			
4. Student is disoriented. (Cannot state name, school location, situation and circumstances of injury, events immediately preceding or following event of injury)			
5. Show memory deficits. (Cannot state common imbedded memory such as: parent name, recite alphabet, what they had for breakfast, home phone no.)			
6. Complains of generalized head pain.			
7. Nausea or vomiting present			
8. Dizziness and/or balance problems present			
9. Sensitivity to light or noise			
10. Drowsiness or feeling tired			
11. Blurry or double vision			
12. Complains of "feeling in a fog," or "something not quite right"			
13. Unusually emotional (irritable, sad, nervous)			

Instructions:

- If YES to item 1 or 2:**
- Treat as possible medical emergency and **call 911**
 - Notify School Nurse
 - Notify parent or guardian
 - Medical clearance recommended for readmission to school

- If two or more YES responses to Items 3-13:**
- Keep student under observation
 - Notify School Nurse
 - Notify parent or guardian, recommending medical evaluation outside of school and provide parent letter if possible; medical clearance recommended for readmission to school
 - Further changes in condition may warrant calling 911. Any loss of consciousness is always considered a medical emergency
 - Consider follow-up by CMT member upon return to school

- If one YES response to Items 3-13:**
- Hold student in health office a minimum of 15 minutes
 - Notify School Nurse
 - Notify parent or guardian and provide parent letter if possible
 - Consider follow-up by CMT member upon return to school.

- If no YES responses:**
- Provide first aid, notify parent/guardian and instruct to return to health office as needed