

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" and does not replace electronic record documentation.

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 number)			
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 3-12:**
- 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.

- If one "Yes" response to Items 3-12:**
- Hold student in health office a minimum of 15 minutes
 - Notify School Nurse
 - Notify parent or guardian and provide parent letter if possible

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

DOCUMENTATION TIPS:

- Refer to HISC in electronic record notes. Record any "yes" response in notes.
- Describe circumstances and nature of injury, including location on head or face that received impact and location of pain.
- Specify time frames: how long loss of consciousness, memory impairment, or other effects that persist.
- Specify parent and nurse contacts in record by name, number and time of notification. Indicate if parent letter given.
- Prepare to report specific findings to EMT and/or school nurse; time of injury, nature of injury, appearance/symptoms, vitals is applicable.
- Send HISC form and student incident report to Risk Management within 48 hours.