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| **Name:** | Sarah\*  | **DOB:** | 16/02/2004 |
| **Address:** |  |
| **School:** |  | **Year Group:** | Year 11 |
| **Date of accident:** | 14/04/2019 | **History of injury:** | Car accident  |
| **Injury/injuries:** | Limbs | Pelvis/ Back | Head Injury | Other |
| None  | None | Yes | None |
| **Details:** As a result of the accident Sarah\* has a fracture to the right lower back of her skull and bruises to the left side of the front of her brain.  |
| **Aftercare:** | **Plan:** |
| Has a dressing: Yes [ ] No[x]   | Will need to be changed at school: Yes [ ] No[x]  | N/A |
| Has a limb/ head support:Yes [ ] No[x]  | Type: None | N/A |
| Stitches:Yes[ ]  No[x]  | Type: N/A | N/A |
| **Medication:**  | Medication: | What for? | Required at school: |
|  |  |  |
| **Outpatient follow up:** | Sarah\* is under the care of the:Neurosurgical Team and the Ear Nose and Throat (ENT) Team at Manchester Children’s Hospital.  | **Appointment Date:** | .  |
| **Social:** | No changes in social situation.  | **Emotional:** | In hospital, Sarah\* coped exceptionally well with the accident. She reported not feeling upset or distressed by it. Please be aware that sometimes this emotional impact of an accident does not become evident until later. Please ensure that Sarah\* has access to emotional support at school if required.  |
| **Thinking Skills:** | Following a head injury people will often experience some changes in their thinking or behaviour. These changes may include: increased difficulty concentrating, difficulty processing information, and increased mental fatigue. These symptoms will often improve with time, but it is good for all staff working with the young person to be aware of them.  |
| **Walking Advice:** | walking independently | **Walking Aid:** | None  |
| **Walking short distances:** | Walking independently  | **Walking long distances:** | Walking independently, but requires rest breaks |
| **Comments:**  | Due to her head injury, it is not recommended Sarah\* walks in crowded spaces while she is recovering as there may be some risk of further injury.  |
| **Transferring:** | Independent  | **Additional comments:** N/A |
| **Stairs:** | Can go up and down a short flight of stairs independently (Although Sarah\* can go up/down stairs independently it is recommended she has access to a lift pass to assist with managing her fatigue.  |
| **Usual transport to/from school:** | Takes school bus(Parents will support with lifts to/from school while Sarah\* is on phased return to school) | **Will be able to continue to do this:**Yes [ ] No[x]  |
| **Eligibility for school transport:**  | Not eligible | **Application completed:**Yes[ ]  No[x]  |
| **Personal care/toilet:** | Accessing a standard toilet independently  | **Additional comments:**N/A  |
| **Recommendations for school:** | Can return to school fulltime:Yes[ ]  No [x] Phased return over: 2 weeks  | **Individual advice:** * In the early stages post head injury Sarah\* would benefit from a phased return.
* The phased return should be under constant review with Sarah\* and her family and adjusted according to her activity tolerance (two weeks is an estimated timeframe, this may need to be shorter or longer depending on how Sarah\* is managing).
* It is essential for Sarah\* to pacing activities and to manage her energy carefully, her recovery time after activity **will be longer** following her head injury.
* Mental/ Cognitive fatigue is very common post head injury. When someone is mentally/ cognitively fatigued other symptoms often become worse (e.g. someone might have some issues with concentration when well rested, but when they are more mentally fatigued these problems increase).
* It is not recommended Sarah\* moves in any crowded spaces for the first 12 weeks following her injury as he is at increased risk of further injury. She may need to sit in an alternative space for meal times and break. Alternative arrangements may need to be made for the beginning and end of the school day to avoid crowds.
* As mentioned before Sarah\* may experience changes in her behaviour, thinking and learning skills. Staff need to be aware of this and flagged up any changes. Further neuropsychological assessment can be completed.
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| Lessons moved to ground floor [ ] Hall Pass [x] Lift Pass [x] Buddy System [x]   |
| **Recommendations for return to PE:** | Not able to participate in PE Lessons/ Football Training for: 12 weeksThis timeframe will be reviewed in neurosurgical clinic.  | Other: When it is safe for Sarah\* to return to sport, a graded approach is strongly recommended. If she managing well without symptoms, progress to the next stage, do not rush through the stages. Allow Sarah\* to progress at her own pace. (Examples of symptoms: nausea, vomiting, dizziness, difficulty concentrating, headache and visual disturbance.)**Stage 1: Light exercise** * No resistance training or weights training.
* Examples of Activities: walking, light jogging, and swimming.
* 10-15 mins of activity then stop.

**Stage 2: Individual Sport Specific Activity*** No body/head contact, spins, dives, jumps, high speed stops, hitting a baseball with a bat, or other jarring motions.
* Examples of Activities: running and throwing.
* 20-30 mins of activity then stop.

**Stage 3: Sport-Specific Practice with Team, NO CONTACT*** No heading the ball or tackling.
* Begin activities with one other teammate and then by the end of this step progress to full team practice, with NO contact.
* E.g., ball drills, shooting/passing drills, or other non-contact activities

**Stage 4: Participate as normal.**  |
| **Signed:** | Eve Kelleher  | **Date:** | 02.09.19 |
| **Key contacts:** | Eve Kelleher (School Re-integration Facilitator) 07 870 385 743 |
| Consent for fit note to be forwarded directly to SENCO and school nurse[x]  |