



Children's Health Queensland  
Hospital and Health Service

Queensland Paediatric Rehabilitation Service

**Post Acute  
Concussion Evaluation (PACE)**

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:  M  F  I

Parent/carer:

Contact details:

**INJURY CHARACTERISTICS**

Time/date of injury:

Witness:

Injury description:

Cause:  MVA  Pedestrian vs MVA  Fall  Assault  Sports  Other:

TBI Severity:  Mild  Moderate  Severe

Other injuries:

**IMAGING**

CT or MRI results:

LOC:  Yes  No LOC time: \_\_\_\_\_

PTA:  Yes  No Duration: \_\_\_\_\_ Seizures: \_\_\_\_\_

**DIAGNOSIS (ICD-10)**

Concussion w/o LOCK 850.0  Concussion w/LOC 850.1  Concussion (unspecified) 850.9  Other 854  
 No diagnosis

Hospital admission:  Yes  No Date admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

QPRS Review:  Yes  No

Discharge plan / QPRS plan:

Referral source:  QCH ED  QCH Inpatients  External:

**BACKGROUND RISK FACTORS FOR PROTRACTED RECOVERY**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Graded return to school:  Yes  No

Sports: \_\_\_\_\_ Graded return to sports:  Yes  No

Previous concussion:  Yes  No Headache history:  Yes  No

Premorbid medical/learning/psychosocial difficulties:

**ASSESSMENT**

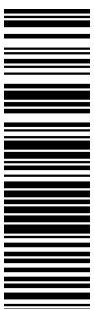
Pain relief medications:  Yes  No

Name: \_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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All clinical form creation and amendments must be conducted through Collaboration Services





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**Post-Concussion Symptom Inventory (PCSI-P) Parent Report Form** (modified to question parents):

0 = not a problem; 3 = moderate problem; 6 = severe problem

		Before the Injury / Pre-Injury					Current Symptoms / Yesterday and today								
1	Complains of headaches	0	1	2	3	4	5	6	0	1	2	3	4	5	6
2	Complains of Nausea	0	1	2	3	4	5	6	0	1	2	3	4	5	6
3	Has balance problems	0	1	2	3	4	5	6	0	1	2	3	4	5	6
4	Appears or complains of dizziness	0	1	2	3	4	5	6	0	1	2	3	4	5	6
5	Appears drowsy	0	1	2	3	4	5	6	0	1	2	3	4	5	6
6	Sleeping <i>more than usual</i>	0	1	2	3	4	5	6	0	1	2	3	4	5	6
7	Sensitivity to light	0	1	2	3	4	5	6	0	1	2	3	4	5	6
8	Sensitivity to noise	0	1	2	3	4	5	6	0	1	2	3	4	5	6
9	Actis irritable	0	1	2	3	4	5	6	0	1	2	3	4	5	6
10	Appears sad	0	1	2	3	4	5	6	0	1	2	3	4	5	6
11	Acts nervous	0	1	2	3	4	5	6	0	1	2	3	4	5	6
12	Acts more emotional	0	1	2	3	4	5	6	0	1	2	3	4	5	6
13	Acts or appears mentally "foggy"	0	1	2	3	4	5	6	0	1	2	3	4	5	6
14	Has difficulty concentrating	0	1	2	3	4	5	6	0	1	2	3	4	5	6
15	Has difficulty remembering	0	1	2	3	4	5	6	0	1	2	3	4	5	6
16	Has or complains of visual problems (blurry, double vision)	0	1	2	3	4	5	6	0	1	2	3	4	5	6
17	Appears more tired or fatigued	0	1	2	3	4	5	6	0	1	2	3	4	5	6
18	Becomes confused with directions or tasks	0	1	2	3	4	5	6	0	1	2	3	4	5	6
19	Appears to move in a clumsy manner	0	1	2	3	4	5	6	0	1	2	3	4	5	6
20	Answers questions more slowly <i>than usual</i>	0	1	2	3	4	5	6	0	1	2	3	4	5	6
<b>PCSI Total Symptom Score</b>		<b>Pre-Injury _____</b>					<b>Post-Injury _____</b>								
In general, to what degree is your child acting "differently" than before the injury (not acting like himself or herself)?		<b>No Difference   0   1   2   3   4   Major Difference</b> <i>Circle your rating with "0" indicating "Normal" (No Difference) and "4" indicating "Very Different" (Major Difference)</i>													

Authored / Developed by: Gioia, Janusz, Sady, Vaughan, & Isquith. 2012.

**RED FLAGS FOR ACUTE EMERGENCY MANAGEMENT**

- Change in state of consciousness
- Neck pain
- Headaches that worsen
- Seizures
- Focal neurologic signs
- Looks very drowsy/can't be awakened
- Repeated vomiting
- Slurred speech
- Can't recognise people or places
- Increasing confusion or irritability
- Weakness or numbness in arms/legs
- Unusual behaviour change

**FOLLOW-UP / OUTCOME / PLAN**

Unable to contact (letter and fact sheets sent) date: \_\_\_\_\_

Patient discharged  Review on request  Clinic – appointment date: \_\_\_\_\_

Other clinic appointments: \_\_\_\_\_

Written & verbal education provided  ieMR documentation  Database entry

Phone-call attempts date & time: \_\_\_\_\_

PACE completed by: \_\_\_\_\_ Date: \_\_\_\_\_

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