# ACUTE CONCUSSION EVALUATION (ACE) PHYSICIAN/CLINICIAN OFFICE VERSION

Gerard Gioia, PhD¹ & Micky Collins, PhD²
¹Children's National Medical Center
²University of Pittsburgh Medical Center

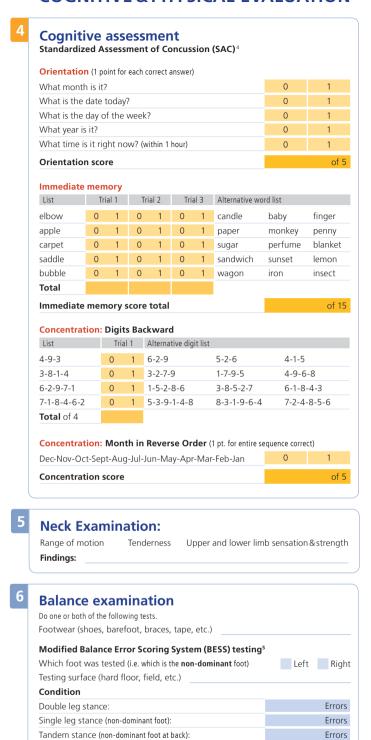
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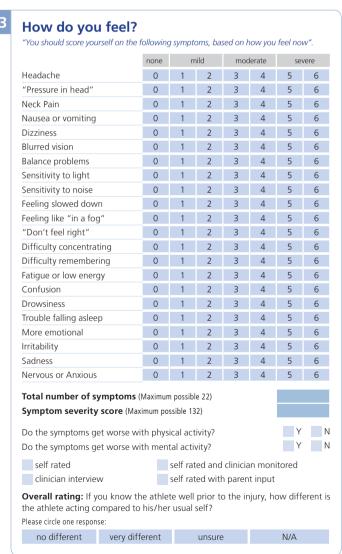
A. Injury Characteristics											
1. Injury Description											
1a. Is there evidence of a forcible blow to the head (direct or indirect)?YesNoUnknown 1b. Is there evidence of intracranial injury or skull fracture?YesNoUnknown 1c. Location of Impact:FrontalLft TemporalRt TemporalLft ParietalOccipitalNeckIndirect Force  2. Cause:MVCPedestrian-MVCFallAssaultSports (specify)Other  3. Amnesia Before (Retrograde) Are there any events just BEFORE the injury that you/ person has no memory of (even brief)?YesNoDuration 4. Amnesia After (Anterograde) Are there any events just AFTER the injury that you/ person has no memory of (even brief)?YesNoDuration 5. Loss of Consciousness: Did you/ person lose consciousness?YesNoDuration 6. EARLY SIGNS:Appears dazed or stunnedIs confused about eventsAnswers questions slowlyRepeats QuestionsForgetful (recent info) 7. Seizures: Were seizures observed? NoYes Detail											
B. Sym	otom Check List* Sind	e the i	njury,	has the person experienced a	iny of	these	symptoms any more than usu	al too	lay or	in the past day	?
	Indicate presence of each	ch sym	pton	n (0=No, 1=Yes).			*Lovell	& Co	llins, 1	1998 JHTR	
	PHYSICAL (10)			COGNITIVE (4)			SLEEP (4)				]
	Headache	0	1	Feeling mentally foggy	0	1	Drowsiness		0	1	
	Nausea	0	1	Feeling slowed down	0	1	Sleeping less than usual		0		
	Vomiting	0	1	Difficulty concentrating	0	1	Sleeping more than usual		0	1 N/A	
	Balance problems	0	1	Difficulty remembering	0	1	Trouble falling asleep		0		
	Dizziness	0	1	COGNITIVE Total (0-4)			SLEEP Total (0	)-4)			
	Visual problems	0	1	EMOTIONAL (4)							
	Fatigue	0	1	Irritability	0	1	Exertion: Do these symptoms worsen with:  Physical ActivityYesNoN/A				
	Sensitivity to light	0	1	Sadness	0	1	Cognitive ActivityYes				
	Sensitivity to noise	0	1	More emotional	0	1					
	Numbness/Tingling	0	1	Nervousness	0	1	Overall Rating: How differ compared to his/her usual			_	
	PHYSICAL Total (0-10)										
(Add Physical, Cognitive, Emotion, Sleep totals) Total Symptom Score (0-22)											
C. Risk	Factors for Protracte	d Rec	ove	ry (check all that apply)							
Concus	ssion History? Y N_		√	Headache History? Y	N	√	Developmental History	√	Psy	chiatric Histor	у
Previou	s#123456+			Prior treatment for headache	)		Learning disabilities		Anxi	ety	
	Longest symptom duration Days Weeks Months Years	are		History of migraine headache Personal Family		Attention-Deficit/ Hyperactivity Disorder			ression		
							, ,		Sleep disorder		
	le concussions, less force reinjury? Yes No	)					Other developmental disorder		Othe	er psychiatric di 	sorder
List other comorbid medical disorders or medication usage (e.g., hypothyroid, seizures)											
D. RED FLAGS for acute emergency management: Refer to the emergency department with <u>sudden onset</u> of any of the following:  * Headaches that worsen  * Looks very drowsy/ can't be awakened  * Can't recognize people or places  * Neck pain  * Seizures  * Repeated vomiting  * Increasing confusion or irritability  * Focal neurologic signs  * Slurred speech  * Weakness or numbness in arms/legs  * Change in state of consciousness											
E. Diagnosis (ICD):Concussion w/o LOC 850.0Concussion w/ LOC 850.1Concussion (Unspecified) 850.9Other (854)											
F. Follow-Up Action Plan Complete ACE Care Plan and provide copy to patient/family.  No Follow-Up Needed Physician/Clinician Office Monitoring: Date of next follow-up											

### FOR PHYSICIAN USE

#### **COGNITIVE & PHYSICAL EVALUATION**



#### **SYMPTOM EVALUATION**



Scoring on the SCAT3 should not be used as a stand-alone method to diagnose concussion, measure recovery or make decisions about an athlete's readiness to return to competition after concussion. Since signs and symptoms may evolve over time, it is important to consider repeat evaluation in the acute assessment of concussion.

8	SAC Delayed Recall <sup>4</sup>	
	Delayed recall score	of 5

seconds

And/Or

Tandem gait<sup>6,7</sup>

Time (best of 4 trials):

**Upper limb coordination**Which arm was tested:

Coordination score

**Coordination examination** 

Left Right