

Concussion Checklist: Sideline Management

Recognize
Remove
Refer

Please use this quick reference/checklist to help you and others determine whether a student athlete suffered a concussion:

1. Has the athlete received a blow to the head or body, or whiplash?
2. If **back or neck injury is suspected**, or if the athlete **loses consciousness**, call 911 immediately. Otherwise, move to the next set of steps – Recognize, Remove and Refer.
3. **RECOGNIZE:** Does the athlete report or demonstrate these signs or symptoms of a concussion?

Signs (observed by others)	Symptoms (reported by athlete)
Athlete appears dazed or stunned	Headache
Responds slowly to questions or commands	Nausea or vomiting
Moves clumsily	Double or blurry vision
Forgets events before the hit (ask about the score, last play, etc.)	Memory problems (can't tell you details about the game, such as score, etc.)
Has balance problems (can't stand on one leg with eyes closed for at least 30 seconds)	Concentration problems (can't repeat series of five digits in reverse order)
Confusion	Sluggish feeling
Forgets events after the hit	"Foggy" feeling
Loses consciousness (any length of time)	Sensitivity to light or noise
	Fatigue

4. **REMOVE** from activity. Athlete cannot return to play the same day of a suspected concussion.
5. Contact parents/guardians.
6. Document the incident with **Sideline Concussion Documentation** form on reverse side.
7. Monitor the athlete during remainder of game/practice or until he or she is picked up by parents. Be aware of any red flags.

RED FLAGS – Call 911 immediately if at any time the athlete:

- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- One pupil is bigger than the other (if this is not the normal state of the athlete)

8. **REFER** the athlete for medical evaluation: Athlete can only return to play with written clearance from a physician trained in the evaluation and management of concussion.

This information is provided by Providence Health & Services and our sports concussion specialists.

Sideline Concussion Documentation: To be completed by coaching staff

Athlete's name: _____ Date of birth: ___ / ___ / ___ Age/grade: ___ / ___

OBSERVATIONS

Team: _____ Date: ___ / ___ / ___ Venue: _____ Current time: _____

Time of injury: _____ Documentation completed by: _____ Phone : _____

Coach Athletic trainer Parent Other: _____

If an athlete reports one or more symptoms of concussion after a bump, blow or jolt to the head or body, he or she should be kept out of play the day of the injury and until a physician, experienced in evaluating for concussion, says he or she is symptom-free and it's OK to return to play.

1. Danger signs (If athlete has one or more of the following, call 911 immediately.)

- | | |
|--|---|
| <input type="checkbox"/> Loses consciousness (Even a brief loss of consciousness should be taken seriously.)
Duration of loss of consciousness: _____ | <input type="checkbox"/> Slurred speech |
| <input type="checkbox"/> Is drowsy or cannot be awakened | <input type="checkbox"/> Convulsions or seizures |
| <input type="checkbox"/> A headache that gets worse | <input type="checkbox"/> Cannot recognize people or places |
| <input type="checkbox"/> Weakness, numbness or decreased coordination | <input type="checkbox"/> Becomes increasingly confused, restless or agitated |
| <input type="checkbox"/> Repeated vomiting or nausea | <input type="checkbox"/> Has unusual behavior |
| | <input type="checkbox"/> One pupil is larger than the other (if not a normal state for the athlete) |

2. Injury description: Fall Hit head on other player Hit head on ground/object Struck by object

3. Location of impact: Body Front Back Right side Left side

4. Last memory before the impact: _____

(Duration of time between memory and impact: _____)

5. First memory after the impact: _____

(Duration of time between impact and memory: _____)

FUNCTION

- Oriented to: Self Location Score Opponent Last play
- Does athlete stagger, sway, stumble or appear uncoordinated? Yes No
- Are athlete's eyes having difficulty tracking, and/or do pupils look unequal? Yes No
- Does athlete seem dazed or appear to be responding slowly or acting unusual? Yes No

MONITORING SYMPTOMS

Ask athlete if they have these symptoms.

Symptom	Yes	No
Headache		
Dizziness		
Vision changes		
Light sensitivity		
Noise sensitivity		
Neck pain		
Feeling distracted		
Fatigue		
Tingling/loss of movement		
Feeling foggy/cloudy/out of it		
Difficulty remembering		
Upset/emotional		

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