

## Instructions Concerning Head Injuries

Although the athlete has been thoroughly examined for evidence of a head injury, there are certain signs of trouble, which may appear within the next 24-48 hours. It has been considered safe to allow the athlete to return home by the examining athletic trainer.

However, please observe the athlete carefully during the next 24-48 hours go immediately to the emergency room if the following signs of trouble develop:

### **Signs of Trouble**

1. **Excessive Drowsiness:** The athlete may well be exhausted by the ordeal surrounding the injury, but should be easily aroused by methods which you would ordinarily employ to awaken him/her from a deep sleep. If you are unable to do this, seek medical attention immediately.
2. **Vomiting:** The athlete may vomit due to nausea felt. Should the athlete vomit more than once, seek medical attention immediately.
3. If one **pupil** seems to be larger than the other, seek medical attention immediately.
4. If athlete does not use either **arm or leg** as well as previously or is unsteady walking, seek medical attention immediately.
5. Should **speech become slurred** or the athlete is apparently unable to talk, seek medical attention immediately.
6. If **severe headache** occurs, particularly if it increases in intensity, seek medical attention immediately.
7. Should the athlete complain of **seeing double** or should you detect any failure of the eyes to move together appropriately, seek medical attention immediately.
8. Should a **convulsion occur**, place the athlete on one side and where he or she cannot fall, be sure there is ample room for him or her to breathe, call 911 immediately.

### **Other instructions**

1. Take only pain medication that contains **NO ASPIRIN.**
2. On the night following the head injury or during any nap, it is advisable to **awaken the athlete (every 2-3 hours)** and look for any of the warning signs listed above.

Athletic Trainers Initials: cah/llc

Date: 9/5/07

M.D. Initials: ms

Date: 9-5-07

	1 <sup>st</sup> degree	2 <sup>nd</sup> degree	3 <sup>rd</sup> degree brief LOC	3 <sup>rd</sup> degree prolonged LOC
Period of unconsciousness	No LOC	No LOC	Seconds	Minutes
Recognition	*transient confusion *concussion symptoms and mental status abnormalities last < 15 minutes	*transient confusion *concussion symptoms mental status abnormalities last > 15 minutes	*LOC for a brief period of time measured in seconds	*LOC for a prolonged period of time measured in minutes
On-field management	*check for neck injury *if asymptomatic may walk off field	*check for neck injury *if asymptomatic may walk off field	*transport the athlete to the nearest ED	*transport the athlete to the nearest ED
Off field management	*check mental status *check orientation *check memory *neurological tests *check athlete initially and every 5' post injury *External provocative tests performed if all signs are clear	*check mental status *check orientation *check memory *neurological tests *check athlete initially and every 5' post injury *if S/S should worsen the athlete should be evaluated by a physician immediately	*see above	*see above
Management	*athlete should be held out of physical exertion/sport participation until cleared by a healthcare professional *if school has neuropsych testing available the athlete should be tested to help determine return to play status	*athlete should be held out of physical exertion/sport participation until cleared by a healthcare professional *if school has neuropsych testing available the athlete should be tested to help determine return to play status	*athlete needs to be seen at ED *Follow-up care will be provided by a physician *if school has neuropsych testing available the athlete should be tested to help determine return to play status	*athlete needs to be seen at ED *Follow-up care will be provided by a physician *if school has neuropsych testing available the athlete should be tested to help determine return to play status
Return to play guidelines	*one week asymptomatic *if neuropsych testing available, tests should return to either baseline or normal *if results not within norms, refer to MD with results of test. RTP when test return to norm and S/S clear at both rest and exertion.	*one week asymptomatic *if neuropsych testing available, tests should return to either baseline or normal *if results not within norms, refer to MD with results of test. RTP when test return to norm and S/S clear at both rest and exertion.	*one week asymptomatic *if neuropsych testing available, tests should return to either baseline or normal *if results not within norms, refer to MD with results of test. RTP when test return to norm and S/S clear at both rest and exertion.	*two weeks asymptomatic *if neuropsych testing available, tests should return to either baseline or normal *if results not within norms, refer to MD with results of test. RTP when test return to norm and S/S clear at both rest and exertion.