

CONCUSSION POCKET CARD

A. A concussion should be suspected in the presence of any of the following:

- Loss of consciousness
- Seizure or convulsion
- Amnesia
- Headache
- “Pressure in head”
- Neck pain
- Nausea or vomiting
- Dizziness
- Blurred vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Feeling like “in a fog”
- “Don’t feel right”
- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- More emotional
- Irritability
- Sadness
- Nervous or anxious



B. Memory Check

If athlete fails any question suspect a concussion

1. How did you get injured?
2. What venue are we at now?
3. What is the score?
4. What is the first thing you remembered after the injury?
5. What is the last thing you remembered before the injury?
6. Who did we play last game?

Any athlete with a suspected concussion should be **IMMEDIATELY REMOVED FROM PLAY**, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

Remember:

- In all cases, the basic principles of first aid, (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) unless trained to do so.