Pocket CONCUSSION RECOGNITION TOOL™

RECOGNIZE & REMOVE

Concussion should be suspected **if one or more of the following visible clues, signs, symptoms or errors in memory questions are present.**

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

- ☐ Loss of consciousness or responsiveness
- ☐ Lying motionless on ground / Slow to get up
- ☐ Unsteady on feet / Balance problems or falling over / Incoordination
- ☐ Grabbing / Clutching of head
- ☐ Dazed, blank or vacant look
- ☐ Confused / Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

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

3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.
(Check the box if answered incorrectly)

- ☐ *"What venue are we at today?"*
- ☐ *"Which half is it now?"*
- ☐ *"Who scored last in this game?"*
- ☐ *"What team did you play last week / game?"*
- ☐ *"Did your team win the last game?"*

Additional information

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.

In all cases of suspected concussion, the player should be referred to UTMB or a primary care physician for diagnosis and guidance, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported, then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling / burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behavior change
- Double vision

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 so do
- Do not remove helmet (if present) unless trained to do so.

If the participant fails any test:

-Do not allow back into competition

-Complete an Injury Report and email to johnsonb@tamug.edu

-Provide care sheet and refer to UTMB

If the participant passes all tests:

-Provide the care sheet to the participant
-Ask teammates to monitor the participant and notify staff of any changes in behavior

This sheet must be completed and submitted to Breidon Johnson at Johnsonb@tamug.edu

TEXAS A&M UNIVERSITY GALVESTON CAMPUS.

Intramural and Club Sports
Injury Report

PERSONAL DATA

Name of Supervisor Providing Care: _____ Date: _____

Name of Participant: _____ DOB: _____

UIN: _____ Phone: _____

E-mail Address: _____

Status of Participant: ❒Student ❒Faculty ❒Staff ❒Other (Please Specify Below):

_____

LOCATION OF INCIDENT

Building: ❒PE Facility ❒Rec Sports Field ❒Sand Courts ❒Other _____

Specific Area within Facility: _____ Activity: _____

INJURY SPECIFICS (Part of the body injured and type of injury suspected)

❒Left or ❒Right

❒Generalized
❒Skull/Scalp
❒Eye
❒Ear
❒Nose
❒Mouth
❒Tooth
❒Jaw
❒Neck
❒Spine
❒Chest
❒Lungs
❒Abdomen
❒Back
❒Pelvis

❒Shoulder
❒Upper Arm
❒Elbow
❒Forearm
❒Wrist
❒Hand
❒Finger
❒Hip
❒Thigh
❒Knee
❒Lower Leg
❒Ankle
❒Foot
❒Toe

(SEE CONCUSSION POLICY)

Participant is aware of the Concussion Policy (Initials):

_____

❒Abrasion
❒Amputation
❒Bleeding
❒Bruise/Contusion
❒Burn/Scald
❒**Concussion**
❒Cramps
❒Dislocation
❒Fainting
❒Foreign Body
❒Fracture
❒Frostbite
❒Other:

_____

❒Heart
❒Heat Exhaustion/Stroke
❒Inhalation/Fumes/Gases
❒Internal Injury
❒Laceration
❒Poisoning
❒Scratches
❒Shock
❒Sprain
❒Strain
❒Suffocation

_____

DETAILS OF INCIDENT

ACTIONS TAKEN TO PROVIDE CARE

I DO NOT WISH FOR EMS TO BE CALLED: _____

Signature of injured participant