Loss of Consciousness

If an athlete becomes unconscious from head trauma, maintain C-spine alignment in the position (prone or supine) that the patient is found. Perform a primary survey (ABCs) and treat accordingly. If patient is unconscious and is breathing and has a pulse with no associated external bleeding, monitor the time of unconsciousness. If athlete remains unconscious for 2 minutes or longer, activate EAP, spine board and refer to hospital for CT scan and evaluation. If athlete is unconscious for less than 1-2 minutes, rule out or confirm C-spine pathology and treat accordingly. If suspect a C-spine injury, activate EAP, spine board and refer to hospital for imaging and evaluation. If athlete does not have C-spine pathology, walk them off the field or court and perform a cognitive, neurological and physical examination on the sideline or Athletic Training room.

Head Trauma with No Loss of Consciousness

If an athlete sustains head trauma, but did not lose consciousness, perform an acute head and neck examination on-site. If suspect a C-spine injury, activate EAP, spine board and refer to hospital for imaging and evaluation. If athlete does not have C-spine pathology, walk them off the field or court and perform a more thorough cognitive, neurological and physical examination. If the athlete demonstrates concussion symptoms, perform a SCAT3 test and remove the athlete from play and treat accordingly. Re-evaluate the athlete 20-30 minutes post injury to determine if concussive symptoms are increasing or getting worse with time. If yes, refer to hospital for CT scan and evaluation.

If concussive symptoms are still present 20-30 minutes after initial head trauma, but not worsening or lessening with time, educate the athlete on home care instructions. Educate the athlete that if the following signs or symptoms worsen with time including; severe or worsening headache, amnesia, nausea, changes in emotional status, dizziness / poor balance, slurred speech, vomiting, decreased level of consciousness, convulsions or seizures, or unequal pupils or uncontrolled eye movements that they are to contact emergency medical services (EMS) immediately.

Schedule a next day appointment with the athlete and repeat the cognitive, neurological and physical examination. If athlete is demonstrating concussion symptoms, have them take the ImPACT test and contact the team physician to interpret the test results. This is required in order for the team physician to make academic accommodations for the student athlete. Athletes with concussion symptoms must be educated on the importance of both cognitive and physical rest. The team physician will determine if academic accommodations are required based upon the ImPACT test results. Refer to Return to Learn Protocol for athletes who are given academic accommodations.

If the only symptoms are a headache and NO OTHER SYMPTOMS and their ImPACT test was interpreted by the physician, only the team physician can make return to play decisions and advise the athlete to follow the Return to Play Protocol.