



Name: _____ DOB: _____

Contact: _____ Phone: _____

Examiner: _____

Date: _____ Time of Injury: _____

Head Injury Warning Sheet

_____ is exhibiting concussion-like symptoms resulting from an injury sustained on _____. The athlete should be seen by a physician prior to being allowed to return to participation.

Quite often the signs of head injury do not appear immediately after trauma, but hours after the injury itself. The purpose of this fact sheet is to alert you to the signs and symptoms of significant head injuries, symptoms that may occur several hours after you leave the athletic training room. An increase in the number of these signs and symptoms or in the severity of any one sign or symptom indicates the need for *immediate medical attention*. **Call 911 immediately if the number of, or severity of, any of these signs and symptoms increases prior to your scheduled follow-up or if you observe any of the critical signs and symptoms listed on the reverse side of this warning sheet.**

Concussion Signs and Symptoms

A

B

5 min S/P	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Monitor Follow-Up	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms: _____ /24
 Symptom severity total out of possible 144 _____ /144
 Do symptoms worsen with physical activity? Y / N
 Do symptoms worsen with mental activity? Y / N

_____ /24
_____ /144
Y / N
Y / N

Total number of symptoms: _____ /24
 Symptom severity total out of possible 144 _____ /144
 Do symptoms worsen with physical activity? Y / N
 Do symptoms worsen with mental activity? Y / N

_____ /24
_____ /144
Y / N
Y / N



REMEMBER: There is no such thing as a mild head injury. Head injuries can present signs and symptoms that are often found humorous and/or taken too lightly. Your health may depend on the recognition of these symptoms and your decision to take them seriously! This warning sheet is a guideline only and is not intended to diagnose concussion or clear an athlete of a concussion or more significant head injury. This warning sheet is not intended to replace proper medical assessment by an appropriate medical professional.

Use the checklists to determine the presence and severity signs and symptoms of concussion. Tally the total number of signs and symptoms and the symptom severity score at regular intervals until the athlete is seen by an appropriate medical professional. Bring this information to your medical follow-up to assist in diagnosis and care.

Transport to ER Immediately by Ambulance if:

- Increasing **number** of signs and symptoms or increased **symptom severity score**;
- Unequal pupils;
- Excessive drowsiness or inability to wake;
- Worsening headache;
- Slurred speech, weakness, numbness, or decreased coordination;
- Repeated vomiting or nausea;
- Convulsion or seizure;
- Unusual behavior, increased confusion, restlessness, or agitation;
- Slurred speech, weakness, numbness, or decreased coordination.
- Unusual behavior, altered mental status or loss of consciousness. Even minor changes in mental status or brief loss of consciousness should be taken seriously.

Other Recommendations:

- Complete rest for 72hrs;
- DO NOT drink alcohol;
- DO NOT take prescription or non-prescription medications without medical supervision;
- DO NOT take aspirin, ibuprofen or other NSAIDs, acetaminophen, or stronger pain relieving medications;
- Get lots of rest and sleep, but DO NOT take sleeping tablets;
- DO NOT drive until medically cleared to do so;
- Use ice packs as needed on head and neck;
- Eat a light diet, high in carbohydrates;
- Return to play requires medical release by a licensed health care professional.



CONTACT INFORMATION





Name: _____ DOB: _____

Contact: _____ Phone: _____

Examiner: _____

Date: _____ Time of Injury: _____

SMC Concussion Score Cards

S/P 5 Min	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms: _____
Symptom severity total out of possible 144

/24
/144

S/P 10 Min	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms: _____
Symptom severity total out of possible 144

/24
/144





Name: _____ DOB: _____

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Examiner: _____

Date: _____ Time of Injury: _____

SMC Concussion Score Cards

S/P 15 Min	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms: _____
Symptom severity total out of possible 144

/24
/144

S/P 20 Min	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms: _____
Symptom severity total out of possible 144

/24
/144





Name: _____ DOB: _____

Contact: _____ Phone: _____

Examiner: _____

Date: _____ Time of Injury: _____

SMC Concussion Score Cards

S/P 25 Min	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms:

/24

Symptom severity total out of possible 144

/144

S/P 30 Min	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms:

/24

Symptom severity total out of possible 144

/144





Name: _____ DOB: _____

Contact: _____ Phone: _____

Examiner: _____

Date: _____ Time of Injury: _____

Glasgow Coma Scale

	5min S/P	10min S/P	15min S/P	20min S/P	25min S/P	30min S/P
Best Eye Response (E)						
No eye opening	1	1	1	1	1	1
Eye opening in response to pain	2	2	2	2	2	2
Eye opening in response to speech	3	3	3	3	3	3
Eye opening in response spontaneously	4	4	4	4	4	4
Best Verbal Response (V)						
No verbal response	1	1	1	1	1	1
Incomprehensible sounds	2	2	2	2	2	2
Inappropriate words	3	3	3	3	3	3
Confused	4	4	4	4	4	4
Oriented	5	5	5	5	5	5
Best Motor Response (M)						
No motor response	1	1	1	1	1	1
Extension to pain	2	2	2	2	2	2
Abnormal flexion to pain	3	3	3	3	3	3
Flexion/Withdrawal to pain	4	4	4	4	4	4
Localized pain	5	5	5	5	5	5
Obeys commands	6	6	6	6	6	6
Glasgow Coma Scale Score (E + V + M)						





Name: _____ DOB: _____

Contact: _____ Phone: _____

Examiner: _____

Date: _____ Time of Injury: _____

Cranial Nerve Assessment Guide

Nerve / Name	Function	Test for	S/P Injury (min)									
			5	10	15	20	35	30				
(I) Olfactory	Smell	Have the athlete identify odors w/each nostril (sports cream, antiseptic, etc)	0	1	0	1	0	1	0	1	0	1
(II) Optic	Visual acuity	Have the athlete identify number of fingers	0	1	0	1	0	1	0	1	0	1
	Visual field	Approach the athlete's eyes from the side using your finger or light pen	0	1	0	1	0	1	0	1	0	1
(III) Oculomotor	Pupillary rxn	PEARL	0	1	0	1	0	1	0	1	0	1
(IV) Trochlear	Eye movements	Pursuits, saccades, convergence, nystagmus	0	1	0	1	0	1	0	1	0	1
(V) Trigeminal	Motor	Have the athlete hold mouth open against resistance	0	1	0	1	0	1	0	1	0	1
	Sensory	Have the athlete identify areas of face being touched	0	1	0	1	0	1	0	1	0	1
(VI) Abducens	Motor	Check athlete's lateral eye movements	0	1	0	1	0	1	0	1	0	1
(VII) Facial	Motor	Have the athlete smile, wrinkle forehead, frown, puff cheeks, and wink each eye	0	1	0	1	0	1	0	1	0	1
	Sensory	Have the athlete identify familiar taste such as Gatorade	0	1	0	1	0	1	0	1	0	1
(VIII) Vestibulocochlear	Hearing	Have athlete identify sounds in both ears (tuning fork/snapping fingers)	0	1	0	1	0	1	0	1	0	1
	Balance	Check athlete balance, dizziness, steadiness using BESS and VOR tests	0	1	0	1	0	1	0	1	0	1
(IX) Glossopharyngeal	Swallowing	Have the athlete say "ah" and swallow	0	1	0	1	0	1	0	1	0	1
(X) Vagus	Gag reflex	Test the gag reflex (tongue depressor)	0	1	0	1	0	1	0	1	0	1
(XI) Spinal	Neck strength	Have athlete complete full AROM, shoulder shrugs against resistance	0	1	0	1	0	1	0	1	0	1
(XII) Hypoglossal	Tongue movement and strength	Have the athlete stick out his/her tongue and move it around. Apply resistance with tongue depressor.	0	1	0	1	0	1	0	1	0	1
Total Number of Cranial Nerve Deficits			/16	/16	/16	/16	/16	/16	/16	/16	/16	





Name: _____ DOB: _____

Contact: _____ Phone: _____

Examiner: _____

Date: _____ Time of Injury: _____

Enhanced Vital Signs Trending Sideline Assessment Report

Signs and Symptoms	Time: Status Post-Injury					
	5min S/P	10min S/P	15min S/P	20min S/P	25min S/P	30min S/P
Total number of Score Card symptoms						
Score Card Symptom severity score						
GCS						
Cranial Nerves						
Respirations						
Heart Rate						
Blood Pressure						
Temperature						
SpO2						
Pulse-Pressure						



INSTRUCTIONS

This clinical battery is designed to help athletic trainers recognize the subtle acute signs and symptoms that differentiate concussion from other more potentially life-threatening brain injury such as hematoma or cerebral swelling. The Sports Medicine Concepts' Concussion Sideline Assessment Battery is not a stand-alone method for making differential diagnosis, measuring recovery, or for making any other appropriate clinical care decisions.

Acute Differential Diagnosis

When an athlete has suffered a potential concussion-inducing mechanism, remove the athlete from competition, settle the athlete down so that they are able to concentrate and effectively communicate, and carefully monitor the athlete for signs and symptoms indicating the need for immediate transport. Within 5 minutes complete signs and symptoms checklist A on the Head Injury Warning Sheet.

If there are no clinical signs and symptoms of concussion, the medical team may discuss the appropriateness of return to play.

If there are signs and symptoms consistent with concussion, permanently remove the athlete from further participation, place appropriate monitors on the athlete, and copy the signs and symptoms form A results onto the S/P 5 min SMC Concussion Score Card. Begin serial signs and symptoms monitoring using the SMC Concussion Score Cards and vital sign measures at 5 min intervals. Place serial measurements in the SMC Enhanced Vital Signs Trending Sideline Assessment Report and analyze for trends indicating the need for immediate transport. Clinical signs and symptoms that fail to normalize following the 30 min trending period or that worsen significantly during any interval during the trending period may be indicative of rising intracranial pressure secondary to hematoma or cerebral swelling; these athletes require transport by EMS to the nearest Level 1 trauma center using appropriate head and neck injury precautions. Athletes that trends toward normal following completion of the 30 min trending period should be further assessed by a licensed medical professional using an accepted concussion assessment tool such as the Standardized Concussion Assessment Tool (SCAT).

Total Number of Symptoms and Symptom Severity Score

Using the SMC Concussion Score Cards calculate the total number of concussion-like symptoms and the corresponding Symptom Severity Score. A significant increase in the number of concussion-like symptoms or the symptom severity score may be indicative of the need to transport the athlete to the nearest Level 1 trauma center.

Altered Mental Status

Use the Glasgow Coma Scale to conduct serial measures of the athlete level of consciousness.

Cranial Nerves

Using the Sports Medicine Concepts, Inc., Cranial Nerve Assessment Guide record the number of abnormal clinical findings (out of a possible 16). An increase in the number of abnormal clinical findings during any interval or remaining abnormal findings following the 30 minute trending period may be indicative of the need to transport the athlete from the field to the nearest Level 1 trauma center.

Heart Rate, Blood Pressure, and Pulse-Pressure

Use an appropriate heart rate / blood pressure monitor to record the athlete's heart rate, blood pressure, and pulse pressure (Systolic-Diastolic) readings. Persistent heart elevation above 100bpm, hypotension, hypertension, and pulse-pressures above 100 could be indicative of rising intra-cranial pressure, and the need to transport the athlete by EMS to the nearest Level 1 trauma center.

Blood Oxygen Saturation

Using a pulse-oximeter take serial measures of the athlete's blood oxygen levels. Abnormal blood oxygen levels may be indicative of the need to transport the athlete by EMS to the nearest Level 1 trauma center.

Follow-up

The Head Injury Warning Sheet should be reviewed with the athlete's parents or guardian with specific instructions for completing form B. The head injury warning sheet and SCAT results should be provided to licensed health care professionals conducting medical follow-up.



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