

Tool To Identify A Suspected Concussion

This tool is to be used as a quick reference in helping to identify a suspected concussion. In all cases of a suspected concussion, the student must be examined by a medical doctor or nurse practitioner for diagnosis and must follow Concussion Management Procedures – Return to Learn and Return to Physical Activity.

An incident occurred involving (student/athlete name) _____ (date) _____

He/She was observed for signs and symptoms of a concussion: (CHECK APPROPRIATE BOX)

- No signs or symptoms described below were noted at the time. **Note: Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours later**
- The following signs were observed or symptoms reported:

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion must be suspected in the presence of any one or more of the following signs or symptoms (check all observed or reported symptoms that apply).

Signs and symptoms of suspected concussion	
Possible Signs Observed (CHECK APPROPRIATE BOX)	Possible Symptoms Reported (CHECK APPROPRIATE BOX)
<i>A sign is something that will be observed by another</i>	<i>A symptom is something the student will</i>
<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> vomiting <input type="checkbox"/> slurred speech <input type="checkbox"/> slowed reaction time <input type="checkbox"/> poor coordination or balance <input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look <input type="checkbox"/> decreased playing ability <input type="checkbox"/> loss of consciousness or lack of responsiveness <input type="checkbox"/> lying motionless on the ground or slow to get up <input type="checkbox"/> amnesia <input type="checkbox"/> seizure or convulsion <input type="checkbox"/> grabbing or clutching of head <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating <input type="checkbox"/> easily distracted <input type="checkbox"/> general confusion <input type="checkbox"/> cannot remember things that happened before and after the injury (<i>see Quick Memory Function Assessment</i>) <input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating <input type="checkbox"/> slowed reaction time (e.g., answering questions or following directions) <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> strange or inappropriate emotions (e.g., laughing, crying, getting angry easily) <input type="checkbox"/> other 	<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> headache <input type="checkbox"/> pressure in head <input type="checkbox"/> neck pain <input type="checkbox"/> feeling off/not right <input type="checkbox"/> ringing in the ears <input type="checkbox"/> seeing double or blurry/loss of vision <input type="checkbox"/> seeing stars, flashing lights <input type="checkbox"/> pain at physical site of injury <input type="checkbox"/> nausea/stomach ache/pain <input type="checkbox"/> balance problems or dizziness <input type="checkbox"/> fatigue or feeling tired <input type="checkbox"/> sensitivity to light or noise <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating or remembering <input type="checkbox"/> slowed down, fatigue or low energy <input type="checkbox"/> dazed or in a fog <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> irritable, sad, more emotional than usual <input type="checkbox"/> nervous, anxious, depressed <input type="checkbox"/> other <hr/> <p><input type="checkbox"/> other signs and/or symptoms:</p> <p>_____</p>
If any observed signs or symptoms worsen, call 911.	

Quick Memory Function Assessment - Failure to answer any of these questions correctly may indicate a concussion:

What room are we in now?

Answer: _____

What part of the day is it?

Answer: _____

What activity/sport/game are we playing now?

Answer: _____

What is the name of your teacher/coach?

Answer: _____

What field are we playing on today?

Answer: _____

What school do you go to?

Answer: _____

If there are any signs observed or symptoms reported, or if the student fails to answer any of the above questions correctly, a concussion should be suspected and the student must be immediately removed from play and must not be allowed to return to play that day even if the student states that he/she is feeling better. Students with a suspected concussion should not be left alone and must not leave the premises without parent/guardian (or emergency contact) supervision.

Continued Monitoring

Students should be monitored for 24 – 48 hours following the incident as signs and symptoms can appear immediately after the injury or may take hours or days to emerge. If any signs or symptoms emerge, the student needs to be examined by a medical doctor or nurse practitioner.

Teacher Name: _____ **Signature:** _____ **Date:** _____

****This form must be copied, with the original filed as per school board policy and the copy provided to parent/guardian****