Identifying Suspected Concussion

Any athlete with a suspected concussion should be immediately removed from practice or play and should not return to activity until assessed by a licensed healthcare provider, even if the symptoms resolve.

Duke Sports Injury & Concussion Hotline
919-660-4117

What to Do After a Suspected Concussion?

**Physical Activity:** Should be limited immediately following a concussion. Returning to activity too soon can cause symptoms to worsen or last longer. Consult with a concussion specialist to determine when you can safely return to activity.

**Schoolwork:** If reading and schoolwork cause increased symptoms, these activities should be limited. Student-athletes may also need to stay home from school to avoid busy and noisy environments.

**Screen Time:** Limit the use of phones, computers, tablets, or televisions to avoid a potential increase in symptoms.

**Sleep:** You may need more sleep immediately after a concussion. However, it is recommended to try to get on a normal sleeping routine within a few days. (Generally it is better to allow concussed individuals to sleep rather than waking them up frequently.)

**Medicines:** Use of medicines is NOT recommended following a concussion. If medicine must be used for MILD pain/headache, acetaminophen may be given. Do not give ibuprofen or aspirin. Consult with your physician for questions about additional medicines.

**Driving:** Do not drive until cleared by physician.

**Supervision:** Individuals with suspected concussions should **not** be left alone. *If athlete complains that headache is worsening in severity, has uncontrolled vomiting, or begins to have difficulty recognizing familiar people or places, call 9-1-1 or take them directly to the Emergency Room for immediate evaluation.*

To schedule an appointment, call the Duke Sports Injury & Concussion hotline at **919-660-4117**. Please have your insurance card available.

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RECOGNIZE & REMOVE

This tool is not designed to diagnose concussion, but it should be used for the identification of suspected concussion.

STEP 1: RED FLAGS
- Neck Pain or Tenderness
- Double Vision or Loss of Vision
- Weakness Tingling and/or Burning in Arms or Legs
- Severe or Increasing Headache
- Seizure or Convulsions
- Loss of Consciousness
- Deteriorating Conscious State
- Vomiting more than once
- Increasingly Restless, Agitated or Combative

If no licensed healthcare professional is available and RED FLAGS are observed, CALL AN AMBULANCE (9-1-1) for urgent medical assessment.

If there are no RED FLAGS, identification of possible concussion should proceed to the following steps.

(Adapted from the Concussion Recognition Tool 5)

STEP 2: OBSERVABLE SIGNS
Visual clues that suggest possible concussion include:
- Lying motionless on the playing surface.
- Slow to get up after a direct or indirect hit to the head.
- Disorientation or confusion, or an inability to respond appropriately to questions.
- Blank or vacant Look
- Balance, gait difficulties, motor incoordination, stumbling, slow labored movements.
- Facial injury after head trauma.

STEP 3: SYMPTOMS
- Headache
- “Pressure in Head”
- Balance Problems
- Nausea or Vomiting
- Drowsiness
- Dizziness
- Blurred Vision
- Sensitivity to Light
- Sensitivity to Noise
- Fatigue or Low Energy
- “Don’t Feel Right”
- More Emotional
- More Irritable
- Sadness
- Nervous or Anxious
- Neck Pain
- Difficulty Concentrating
- Difficulty Remembering
- Feeling Slowed Down
- Feeling Like “In a Fog”

STEP 4: MEMORY ASSESSMENT
Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:
1. What venue are we at today?
2. Which half is it now?
3. Who scored last in this game?
4. What team did you play last week or game?
5. Did your team win the last game?

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