

1. CONCUSSIONS - SIGNS AND SYMPTOMS

Athletes who experience **one or more** of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

Signs Observed*	Symptoms Reported by Athlete*
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events after hit or fall	Just not "feeling right" or is "feeling down"

2. ACTION PLAN

If you suspect that an athlete has a concussion, you should take the following three steps:

1. Remove the athlete from practice or play.
2. Inform the athlete's parent or guardian about the possible concussion and provide the parent/guardian with the MCPS form *Parent Notification of Possible Head Injury/Medical Clearance Form by Authorized Health Care Provider*.
3. Keep the athlete out of play until an authorized health care provider indicates that the student may return to play. An athlete may not return to practice or a contest on the same day that he or she has sustained a concussion.

3. ON-FIELD MENTAL STATUS EVALUATION*

(This mental status assessment is recommended for high school-age athletes and older. Any inability of the athlete to respond correctly to the questions below should be considered abnormal.)

<p>Orientation</p> <p>What period/quarter/half are we in? What stadium/field is this? Who is the opposing team? Who scored last? What team did we play last?</p>
<p>Anterograde Amnesia</p> <p>Ask the athlete to repeat the following words: <i>Girl, Dog, Green</i></p>
<p>Retrograde Amnesia</p> <p>Ask the athlete the following: Do you remember the hit? What happened in the play prior to the hit? What happened in the quarter / period prior to the hit? What was the score of the game prior to the hit?</p>
<p>Concentration</p> <p>Ask the athlete to do the following: Repeat the days of the week backwards (starting with today) Repeat these numbers backward 36 (63), 419 (914), 6294 (4926)</p>
<p>Word List Memory</p> <p>Ask the athlete to repeat the three words from earlier: <i>Girl, Dog, Green</i></p>

4. RETURN TO PLAY

1. In order to return to play – practices or games – the athlete must submit a *Parent Notification of Possible Head Injury/Medical Clearance Form by Authorized Health Care Provider* signed by an authorized health care provider.
2. Authorized health care providers include licensed physicians, certified physician's assistants under the supervision of a licensed physician, or certified nurse practitioners.