**Concussion Protocol- Non Medical Trained Decision Maker** (Coach/Parent)rg5/18

**Name of athlete:**

**Date: Time of Impact:**

**Circle boxes accomplished with times. Cross out boxes that were considered but not pertinent.**

Head injury or neck whip lash

Yes

Time: 0-10 minutes

Time: 1-20 minutes

Time: 5-60 minutes

Time: ½ - 8 hours

Time 24-48 hours



**CALL 911**

Check airway, neck precautions

Yes

**Continue to monitor, needs to see doctor in next 24-48 hours for return to sport recommendations**

Yes

**Take to ER**

**REMOVE FROM SPORT**

**do not allow to drive home, no further exercise until seen by doctor**

**reported to guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name of guardian, time called**

**to take to ER if worsening symptoms**

**Check athlete again in 30 minutes, then 1 hour later, then 2 hours later, then 4 hours later, then 8 hours later**

Red flags and/or New or increased headache, vomiting, change in behavior or decreased level of consciousness

GUARDIAN TO CONTINUE TO MONITOR

NO

NO

Yes

Any symptoms of concussion?

Headache, dizziness, mental slowness, blurred vision, difficulty remembering, nausea, balance trouble

NO

Return to play if no symptoms after 5-10 minutes of observation, continue to observe if returned to sport