Immediate Management

The most important steps in the initial management of concussion include:

1. Recognising the injury
2. Remove the player from the game
3. Refer the player to a medical doctor for assessment

1. Recognising the injury

Visual signs or cues

- Loss of consciousness or responsiveness
- Motionless on ground or slow to get up
- Holding of head
- Unsteady on feet
- Glazed or blank look (glassy eyed)
- Disorientated or confused
- Slow to answer
- Unable to follow instructions

Symptoms (what player reports)

- Headache
- Nausea / vomiting
- Dizziness
- Blurred vision
- Balance problems
- Memory loss
- Confusion
- Fatigue or drowsiness
- Sensitivity to light and noise
- Feeling “in a fog or not quite right”

2. Remove the player from the game

- Adhere to first aid rules, including airway, breathing, circulation and spinal immobilisation
- Any player with suspected concussion must be removed immediately from the game
- The Player must not be allowed to return to play on the same day

3. Refer the player to a medical doctor for assessment

- ALL players with a suspected concussion need an urgent medical assessment with a registered medical doctor.
- If a doctor is not available at the venue, the player should be sent to a local general practitioner or hospital emergency department.
- It is useful to have a list of doctors and emergency departments in close proximity to the ground in which the game is being played.

Urgent Transfer to hospital is required if the player displays any of the following:

- Loss of consciousness or seizures
- Increasing confusion or irritability
- Deterioration after the injury (e.g. an increase in drowsiness, headache or vomiting)
- Neck pain or spinal cord symptoms (e.g. numbness, tingling or weakness in arms or legs)

For more information visit sportconcussion.com.au