

# Signs & Symptoms Action Plan

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

## Signs Observed by Coaching Staff

- Appears dazed or stunned
- Is confused about assignment or position
  - Forgets an instruction
- Is unsure of game, score, or opponent
  - Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

## Symptoms Reported by Athlete

- Headache or "pressure" in head
  - Nausea or vomiting
- Balance problems or dizziness
  - Double or blurry vision
  - Sensitivity to light
  - Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
  - Confusion
- Just not "feeling right" or is "feeling down"

As a coach, if you think an athlete may have a concussion, you should:

1. **Remove the athlete** from play.
2. **Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a health care provider.** Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion.
3. **Record and share information about the injury**, such as how it happened and the athlete's symptoms, to help a health care provider assess the athlete.
4. **Inform the athlete's parent(s) or guardian(s)** about the possible concussion and refer them to CDC's website for safe return to play.
5. **Ask for written instructions from the athlete's healthcare provider** about the steps you should take to help the athlete

Things to consider before return to play:

Be back to doing their regular school activities.

Not have any symptoms from the injury when doing normal activities.

Have the green-light from their health care provider to begin free-of-charge, visit:  
[www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP).

The return to play process.

For more information and to order additional materials

Its better to miss one game than the whole season!



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# Areas to Examine When a Player is Injured

## Pulse

**Normal Range:** 60-80 BPM; 81-100 BPM in adults

A rapid, weak pulse indicates **SHOCK**

Absence of a pulse indicates **CARDIAC ARREST**



## Respiration

**Normal Range:** 12-20 breaths/min; 13-17 in adults  
Shallow breathing indicates

**SHOCK**

Irregular or gasping indicates there is an air obstruction  
Frothy blood from the mouth indicates a chest injury



## Temperature & Skin Reaction

**Normal Range:** 98.6 F  
Temperature change can be caused by disease or trauma

Skin:

**Infection** = hot, dry skin

**Shock** = cool, clammy skin



## Skin Color

**Red:** Lack of Oxygen, Heat Stroke, High Blood Pressure

**White:** Shock, Heart Disease

**Blue:** Air not being carried adequately, Airway obstruction



## Pupil Size

Injuries can alter the size of the pupils.

**Dilated Pupils:** May indicate an unconscious athlete.

**Unequal Pupils:** May indicate neurological problems.



## Movement Ability

Inability to move a muscle part may indicate serious Central Nervous System (**CNS**) injury.

## Pain Reaction

Pain or lack of pain can assist in making a judgment:

- Immovable body part with severe pain, numbness or tingling indicates a CNS injury
- Injury that is extremely painful, but not sensitive to touch may indicate a lack of circulation

## Level of Consciousness

Is the injured individual alert and aware?

Use the **AVPU** Scale:

**Alert:** Evaluate the level of alertness

**Verbal:** Is the person able to respond verbally?

**Pain:** What is the response to pain?

**Unresponsive:** The person does not respond to eye, motor, voice or pain stimulus.



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