Concussion RECOGNITION & RESPONSE for Non-Medical Staff/Parents: Paper version of CRR App

Download today!

Available on the App Store | Google play

Use this form to recognize if a person is exhibiting and/or reporting signs & symptoms of a suspected concussion, then respond quickly & appropriately.

- **This log is NOT intended to diagnose a concussion or in anyway replace help from a trained medical professional.**
- Non-medical staff can use the form to help recognize a "suspected concussion" by recording a blow plus any Signs and/or Symptoms below.
- The observations below are intended ONLY to alert there are Concussion Signs and/or Symptoms which may require a medical evaluation.

Date ____/____/20_____ Name_____ Agency/location _____Time _____

Yes	No	Not sure	
			Was there likely a blow to the head or body, jerking the head?

SIGNS: If answer above is "Yes" or "Not Sure," check the person for the following signs (what you observe):

Yes	No	Log yes or no for every sign below
		Vomiting
		Balance problems
		Moves clumsily
		Loses consciousness
		Drowsy
		Mood/behavior changes
		Dazed/stunned
		Confused about location/time
		Forgets instruction/play
		Unsure of current surroundings
		Answers slowly
		Repeats things
		Can't recall prior events
		Can't recall subsequent events

DANGER SIGNS

Check for these Danger signs in this box and call 911 with any one of these:

1. One pupil larger than the other
2. Is drowsy and cannot be awakened
3. Headache than gets worse and does not go away
4. Weakness, numbness or descreasing coordination
5. Repeated vomiting or nausea
6. Slurred speech
7. Convulsions or seizures
8. Cannot recognize people or places
9. Becomes increasingly confused, restless or agitated
10. Has unusual behavior
11. Loses consciousness (even briefly)
12. Will not stop crying/cannot be consoled

SYMPTOMS: Next ask the person if he or she is experiencing any of the following symptoms (what they report to you):

		Headache/pressure in head
		Nausea/vomiting
		Balance problems/dizziness
		Fatigue/tired
		Blurry/double vision
		Sensitivity to light/noise
		Numbness/tingling
		Difficulty concentrating
		Difficulty remembering
		Feeling foggy or groggy
		Feeling slowed down
		Irritable
		More emotional
		Doesn't feel right

Any other observations:

If you have answered "Yes" to "likely a blow to the head or body…" AND checked "Yes" to 1 or more Sign or Symptom above, then you should "Suspect a Concussion," remove person from any potential source of injury, restrict driving and follow the Recommendations below.

What was the cause of the injury?	Head to… (Circle) body, head, ground, object, unknown
If an object hit the head, what was the object?	
How powerful was the blow?	Circle: High, Medium, Low
Any seizures following injury? Yes or No	Circle: Yes, No
Name of Person Filling Out Form:	
Email & Phone:	
League & Team (ie Waterpolo U14 Green):	
Name of Person Injured:	
Parent Name & Phone Number:	

RECOMMENDATION:

If a concussion is suspected, remove person from any potential source of injury and restrict driving for the rest of today.

1. If patient is a child, inform parent/guardian of suspected concussion.
2. Recommend further medical evaluation.
3. Give ACE Post-Concussion Home/School Instructions.
4. Anyone with a possible head injuty should be observed over next 24 hours. Do not leave him or her alone.
5. Instruct the caregivers to review and record symptoms every 1-2 hours and observe for danger signs.
6. When adult or child is symptom-free AND with a signed clearance from a healthcare provider for a gradual return to driving and normal life activities.

Injured Adult or Parent's Signature for a Child to acknowledge Receipt of this Form _____

Paper version of FREE Concussion Recognition & Response™ (CRR) app adapted by Katherine Snedaker, LMSW, and Approved by Gerard A. Gioia, PhD, 2015