

History/Mechanism

What was the mechanism that preceded the unconsciousness?

How long was the person out?

History of concussion

where did the force hit? (Witness)

Did they black out? (Witness)

Did they Stop Breathing at any point?(witness)

Suspected head and/or neck injury

stabilize the neck

monitor the pulse; recheck at least every 5 minutes

falling (intracranial pressure?)--> Increase in Bld. Pressure

Rapid/Rising (Shock?)

Monitor respirations/minute;recheck at least every 5 minutes

Pupil action and reaction (size, light, P.E.A.R.L.);recheck often

Note facial expression (dazed, blank, etc)

Orientation (person, place, time)

Amnesia or alert?

Retrograde

Post concussive

Dizziness or vertigo; when regain consciousness

tinnitus or ringing in the ears? When regain consciousness

headaches? Location of? When regain consciousness

note nausea and/or vomiting

note Otorrhea- CSF from the ears; notes presence of yellow ring on gauze pads

note Rhinorrhea- spinal fluid from the nose

check for battle's sign- bruised mastoid process; has a delayed onset

check for racoon eyes- black eyes; has a delayed onset

Nystagmus- involuntary rapid movement of the eyeball

Check Cranial Nerves

olfactory (I)- smell; close eyes and identify from individual nostril

optic (II)- acuity of the eye

Oculomotor(III)- eye;constriction pf pupil, opening lid

Trochlear(IV)-eye; ocular movement

trigeminal (V)- jaw; clenchteeth, plapate masseters

Abducens (VI)-eye; ocular movement facial sensation to touch (sharp, dull)

Facial (VII) -Raise eyebrows, frown, close eyes tightly try to open), show teeth, smile , puff out cheeks

Acoustic (VIII)- Ear; Test Unilateral hearing

glossopharyngeal (IX)- say "ah"; watch form coordinated" curtain" movement of the pharynx and upward movement of uvula

Vagus (X)- vital signs; HR, Respiration, phonation

Spinal Accessory (XI)- if you do not suspect a spinal injury, muscle test the following:

Trapezius, sternocleidmastoid

Hypoglossal (XII)- stick out tongue; Asymmetrical? Deviated? Atrophy?

III. PALPATION

Mastoid processes

Cervical spinous processes (exquisite tenderness, displacement)

Paravertebral Musculature (muscle spasm)

Sternocleidomastoid (O to I)

Trapezius (O to I)

Supraspinous ligament

Any pain elsewhere in neck or other part of body? If pain or tenderness is present, treat as a spinal injury.

IV Neuro muscular:

Thumb- index finger break test

grip test

wrist extension

abduction/ adduction of fingers break test (T1)

Blunt/dull sensation on the skin

sharp sensation on the skin

wiggle fingers and toes

reflexes if appropriate, i.e.) Patellar, achilles, triceps

Ataxia- muscle incoordination

move arm right

move arm left

move right leg

move left leg

V. management of suspected spinal injury

Logroll, if necessary

Apply cervical collar or towel

access face if necessary; do not remove helmet!!

Secure to spine board

Recheck ability to perform movements; when regains consciousness

recheck sensation; when regains consciousness

recheck vitals

transport via EMS

If no pain, tenderness or loss of sensation in extremities; if in doubt, spine board them!

Have athlete sit up slowly

observe for dizziness

remove to sidelines with assistance

observe fluidity of motion with appearance of pain or hesitation

re-assess orientation and alertness

monitor pulse and breathing every 5 minutes and document

observe gait

walk heel to toe

Perform rhomberg test Possible Cerebellum damage