NRL - COMMUNITY HEAD INJURY RECOGNITION AND REFERRAL FORM



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A. GENERAL INFORMATION			
Player Name: Age: Club:			
Examiner Name: Examiner qualifications:			
Date: Time:			
B. STRUCTURAL HEAD OR NECK INJURY (MUST be completed)			
1. Are there clinical features of a potentially serious or structural head and/or neck injury, i	ncludina prolc	naed loss of	Ē
consciousness (>1 minute) requiring urgent and emergency hospital transfer? ¹	Yes		
C. SIGNS OBSERVED (All fields MUST be completed)			
Players MUST be removed from a game or training session if any of the following RED FLAGS are observed by anyone, including coaches, parents or other players and sent for immediate medical assessment.	YES Observed Directly	YES Reported	NO
2. Loss of consciousness (or prolonged loss of movement of > 1 – 2 seconds) or not responding appropriately to trainers, referees or other players			
3. No protective action in fall to ground (not bracing for impact/ floppy or stiff)			
4. Confusion or disorientation. Staring or limited responsiveness.			
5. Dazed or blank/vacant stare or not their normal selves/not reacting appropriately to surroundings			
6. Impact seizure/convulsion/fit (stiffening or shaking of arms and/or legs on impact)			
7. Balance disturbance ² or Clumsy (loss of control over movements) or slow to get up following a possible head injury (10-15 seconds)			
8. Unusual behaviour for the player			
9. Memory impairment (e.g. fails Awareness questions – refer to CRT6¹)			
10. Player reports or displays any other concussion symptoms (refer to CRT6¹)			
 IMPORTANT TO REMEMBER Any player who is unconscious should be suspected of having a spinal cord injury and DRABCD (Danger, Response, Airway, Breathing, CPR, Defibrillation) and they should 			
trained personnel are present.	not be move	u uniess ap	Jioprialei
• If the player has weakness or tingling/burning in the arms and/or legs, they should be to and an ambulance called.	eated as if the	ey have a sp	oinal injur
 A player with a facial injury after head trauma should be assessed for signs and sympt Players must be HONEST in reporting how they feel. Uncooperative behaviour by play sign of concussion and result in their removal from play as a potential head injury. 			a possibl
¹ Refer to the NRL Concussion Management Guidelines on the Play NRL website: <u>playrugb</u> Concussion Recognition Tool 6 (CRT6) https://bjsm.bmj.com/content/bjsports/57/11/692 ² NOTE: 'Balance disturbance' is defined as when a Player is unable to stand or walk normally and steadily without support in the context of a possible head injury.	.full.pdf		d use the
D. OUTCOME AND ACTION (MUST be completed)			
If 'Yes' is selected for question 1, an ambulance must be called for immediate transfer to he	ospital	Γ	\neg
If 'Yes' is selected for any of questions 2-10, immediate removal from play and medical as	•	required	Ħ

A PLAYER SUSPECTED OF HAVING SUSTAINED A CONCUSSION MUST <u>NOT</u> BE ALLOWED TO RETURN TO PLAY IN THE SAME GAME OR TRAINING (OR ANY GAME OR TRAINING) EVEN IF THE SYMPTOMS RESOLVE. THE PLAYER MUST BE SENT FOR MEDICAL ASSESSMENT IN THE CARE OF A RESPONSIBLE ADULT.

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Plaver Name:		Data.	
riayei iyailie.	•	Date.	

E. SYMPTOM RECORD – complete <u>ALL FIELDS</u> below based on how the player feels **now**. (Helpful for medical follow up.) A Parent should help answer these questions if the Player is 12 years old or younger.

•	•			-			
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or anxious	0	1	2	3	4	5	6
Trouble Falling Asleep (If applicable)	0	1	2	3	4	5	6

If you know the player (or ask parents/friends), how different is the player acting compared to his/her usual self?

No different | Very different | Unsure | N/A

SIGNATURE OF FIRST RESPONDER						
Signed:		Data:		Time completed:		

The injured player **MUST** be assessed by a **Medical Practitioner** within 72 hours (3 days) after a head injury and **PRIOR** to commencing a Return to Sport Strategy. If a player is not assessed within that time period, they will be required to adhere to the minimum standdown timeframe for their age.

POST CONCUSSION INJURY ADVICE – for person monitoring the injured player

- Recovery time from concussion is variable and signs and symptoms can evolve over minutes or hours
- If the player displays ANY of the following: vomiting, neck pain, severe or worsening headache, double vision, excessive drowsiness, convulsions, change in behaviour, loss of consciousness or weakness/tingling/burning in arms or legs; then call an ambulance or contact your doctor or the nearest emergency department <u>immediately</u>
- Rest (physical and mental) including any training until medically cleared (at least 24-48 hrs)
- NO alcohol until medically cleared
- NO driving until medically cleared
- NO medications such as sleeping pills, aspirin, anti-inflammatories or sedating/strong pain killers
- You MUST take this completed form to your doctor to assist with the assessment it is recommended
 that you book a long consultation with your doctor

A **final** consultation by a doctor, to clear the player medically fit **before** unrestricted training and match play, **MUST** be undertaken.

It is preferable that the same doctor performs all the assessments (including initial and final clearance)