


TRACKING SHEET – CONCUSSION MANAGEMENT PROTOCOL – 2019

This sheet is used to record and transmit information to the participant, parents, educational and sports organizations concerned and healthcare system personnel. It should not be used to diagnose a concussion, and it is not a substitute for a medical opinion. *** For more detailed information on the use of this sheet, go to Section 5.3 of the protocol and to the [explanatory note](#), which specifies how health care professionals should proceed in dealing with possible concussions.

NAME:	AGE:	DATE OF THE INCIDENT:
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<h2>1. RECOGNITION</h2> <p><input type="checkbox"/> Immediately remove the participant from the activity, never leave the participant unattended and direct the participant to the person responsible for checking symptoms.</p> <p><input type="checkbox"/> In the presence of warning signs (obtain transportation to a hospital emergency department): FILL OUT THE WARNING SIGNS SECTION AND THE SYMPTOMS SECTION.</p> <p><input type="checkbox"/> In the presence of symptoms (seek a medical evaluation as soon as possible to obtain a diagnosis): FILL OUT THE SYMPTOMS SECTION.</p> <p><input type="checkbox"/> In the absence of symptoms Preventive removal of the participant due to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> an impact or a sudden movement of the head <input type="checkbox"/> doubt regarding the information provided <input type="checkbox"/> history of concussions <p><input type="checkbox"/> In the case of a minor, inform the parents as quickly as possible.</p> <p>Circumstances of the incident:</p>	 <h2 style="margin: 0;">WARNING SIGNS</h2> <p style="margin: 0;">(IMMEDIATE MEDICAL EVALUATION AT A HOSPITAL EMERGENCY DEPARTMENT REQUIRED)</p> <p><input type="checkbox"/> Loss or deterioration of consciousness</p> <p><input type="checkbox"/> Confusion</p> <p><input type="checkbox"/> Repeated vomiting</p> <p><input type="checkbox"/> Convulsions</p> <p><input type="checkbox"/> Headaches getting worse</p> <p><input type="checkbox"/> Significant drowsiness</p> <p><input type="checkbox"/> Difficulty walking, speaking, recognizing people or places</p> <p><input type="checkbox"/> Double vision</p> <p><input type="checkbox"/> High state of agitation, excessive crying</p> <p><input type="checkbox"/> Serious balance problems</p> <p><input type="checkbox"/> Weakness, tingling or numbness in arms or legs</p> <p><input type="checkbox"/> Intense neck pain</p>	<table border="1"> <thead> <tr style="background-color: #e91e63; color: white;"> <th>SYMPTOMS</th> <th>UNDER 24 HOURS</th> <th>BETWEEN 24 AND 48 HOURS</th> </tr> </thead> <tbody> <tr><td>Headaches or pressure in the head</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Fatigue, drowsiness</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Difficulty sleeping</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Nausea</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Vomiting</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Dizziness, vertigo</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Feeling slowed down</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Concentration problems</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Memory problems</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Blurred vision</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Sensitivity to light</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Sensitivity to noise</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Unusually emotional, irritable, sad</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Nervous, anxious</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Neck pain</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Searches for words or repeats them</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	SYMPTOMS	UNDER 24 HOURS	BETWEEN 24 AND 48 HOURS	Headaches or pressure in the head	<input type="checkbox"/>	<input type="checkbox"/>	Fatigue, drowsiness	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty sleeping	<input type="checkbox"/>	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness, vertigo	<input type="checkbox"/>	<input type="checkbox"/>	Feeling slowed down	<input type="checkbox"/>	<input type="checkbox"/>	Concentration problems	<input type="checkbox"/>	<input type="checkbox"/>	Memory problems	<input type="checkbox"/>	<input type="checkbox"/>	Blurred vision	<input type="checkbox"/>	<input type="checkbox"/>	Sensitivity to light	<input type="checkbox"/>	<input type="checkbox"/>	Sensitivity to noise	<input type="checkbox"/>	<input type="checkbox"/>	Unusually emotional, irritable, sad	<input type="checkbox"/>	<input type="checkbox"/>	Nervous, anxious	<input type="checkbox"/>	<input type="checkbox"/>	Neck pain	<input type="checkbox"/>	<input type="checkbox"/>	Searches for words or repeats them	<input type="checkbox"/>	<input type="checkbox"/>
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2. OBSERVATION PERIOD

The participant has not shown any symptoms since removal from the activity, has successfully completed the 48-hour observation period, and can resume activities without having to go through the stages involved in a progressive return to activities.
PROCEDURE COMPLETED

The participant has presented or presents symptoms and must immediately begin the initial rest period.
FILL OUT THE BACK OF THE TRACKING SHEET

3. RETURN TO INTELLECTUAL, PHYSICAL AND SPORTS ACTIVITIES

INITIAL REST PERIOD

Intellectual, physical and sports activities and driving a motor vehicle should be limited for at least 48 hours or until symptoms gradually decrease.

INTELLECTUAL ACTIVITIES	DATE / STAGE COMPLETED	No increase of symptoms	PHYSICAL AND SPORTS ACTIVITIES	DATE / STAGE COMPLETED	Avoid activities involving a risk of contact, collisions or falls				
1. At home: - Short periods of intellectual activities (15-20 minutes)	1 / / /		} No increase of symptoms	1. Very light activity: - Resume simple day-to-day domestic activities, for short periods of time (15-20 minutes) (e.g. taking short walks, tidying, sweeping)		1 / / /	} Avoid activities involving a risk of contact, collisions or falls		
Move to Stage 2 only after an initial medical evaluation									
2. Progressive return to structured activities (part time): - Start with half days, and increase gradually - As needed, move to a calm setting or take breaks throughout the activity	2 / / /			2. Light aerobic activities (performed individually): - Resume activities that increase heart rate slightly, for short periods of time (20-30 minutes) (e.g. rapid walking, stationary bike)		2 / / /			
3. Return to activities (full time): - Resume normal school activities (e.g. exams, presentations) if tolerated	3 / / /	3. Specific exercises (performed individually): - Gradually increase activity intensity and duration - Start exercises related to the activity (e.g. throwing a ball, dribbling)	3 / / /						
Move to Stage 4 only if symptoms have subsided during activity and at rest.									
4. Complete return to activities: - Return to activities without accommodations	4 / / /	Move to Stage 4 only: - if no symptoms are felt during activity and at rest - after complete return to intellectual activities							
Following the initial 48-hour rest period, the return to intellectual activities (Stages 1 to 4) and physical and sports activities (Stages 1 to 3) can begin at the same time even in the presence of mild symptoms. You must go back to the previous stage if symptoms worsen or reappear. It is important to wait at least 24 hours between each stage in the progressive return to intellectual, physical and sports activities.									
4. More strenuous exercises or workouts (with or without teammates) - Start more complex technical exercises (e.g. passing drills, practising a choreography) - Increase intensity of activity - Introduce resistance training						4 / / /			
Medical authorization is required before moving to Stage 5 for all activities involving a risk of contact, collisions or falls									
5. Unrestricted training: - Resume complete training, including activities involving a risk of contact, collisions or falls						5 / / /			
6. Return to competition: - At least 24 hours after successfully completing unrestricted training with no symptoms						6 / / /			



For additional information or to consult the protocol:

www.education.gouv.qc.ca/en/concussions