

# Life-Threatening Illnesses

## YOU MUST BE PREPARED

The coach may be the first responder to an emergency and therefore must be prepared. Coaches should be looking for the following in athletes: changes in level of consciousness such as lightheadedness, dizziness, drowsiness, confusion, or loss of consciousness, breathing problems, signs of a heart attack or stroke, loss of vision or blurred vision, sweating, persistent abdominal pain or pressure, nausea or vomiting, diarrhea, and/or seizures. Coaches should also be prepared to activate EMS when an athlete has any of the following: unconsciousness, difficulty breathing or not breathing, chest pain or pain radiating down an arm, persistent abdominal pain, suspected poisoning, seizures, or suspected stroke. In this module we will discuss the terminology, symptoms, and practices the coach should be familiar with.

### > CHOKING

True choking is when a person is unable to breathe or speak due to a complete obstruction in the throat or windpipe. Airway obstruction can be caused by an inhaled foreign body (e.g., food), trauma, or internal swelling associated with a severe allergic reaction. Athletes will show labored, gasping or noisy breathing, pale or blue skin, no breathing, or become unconscious. Per the American Red Cross, coaches should immediately activate EMS and start alternating 5 back blows and 5 abdominal thrusts until the item is dislodged or EMS arrives.

### > ACUTE RESPIRATORY FAILURE

Acute respiratory failure is when an athlete is no longer breathing and becomes unconscious. This can be caused by an injury or obstruction. Start by checking for breathing, activating EMS, and beginning rescue breathing until EMS arrives. Rescue breathing is providing 1 breath lasting about a second and aiming for 10 breaths per minute.

### > MYOCARDIAL INFARCTION [CARDIAC ARREST]

Myocardial infarction is the most common case of cardiac arrest. Signs and symptoms include persistent chest pain that will not go away, radiating pain in the left arm or shoulder, shortness of breath, pale or ashen skin, nausea or vomiting, dizziness, and sweating. Coaches should remain calm and place the person in a position of comfort while you activate EMS. Continue to watch for a status change and be ready to perform CPR as needed.

### > STROKE

A stroke is when a blood clot blocks blood flow to the brain. Athletes having a stroke will present with the symptoms associated with the acronym FAST. These include:

**FACE:** The athlete's face will experience weakness, numbness or drooping on one side. Ask the athlete to smile as a best test for stroke. A person experiencing a stroke will have difficulty smiling. **ARM:** The athlete will experience weakness or numbness in one arm. Ask the athlete to raise both arms. If both arms are not raised at the same time this is an indication of a stroke. **SPEECH:** The athlete will have slurred speech or difficulty speaking. Ask the athlete to repeat your words. **TIME:** Coaches should do their best to determine the exact time when the symptoms started. Time until treatment is critical for the patient.

### > SPINE

A cervical spine injury is an injury to the neck area and can be life threatening. A fracture of a cervical bone is the most severe. It is usually caused by the head being compressed toward the body. Athletes will complain of pain in the vertebrae of the neck, tingling or numbness down arms or legs, and/or loss of motor function or sensation. Most importantly coaches should immobilize the neck. **DO NOT** have the athlete move their head. Next assess airways, breathing, and circulation, and activate EMS.

### > SEVERE BLEEDING

Bleeding can range from minor to severe. Severe bleeding is a life threatening injury that requires you to activate EMS. This would be indicated by spurting or pulsating blood that is bright red, or a significant steady flow of dark red blood. You should expose and examine the wound and apply direct pressure to control bleeding. If bleeding continues, apply pressure bandage. If bleeding still continues, apply a tourniquet 2 to 4 inches above the injury. Apply just enough pressure to stop or severely limit the flow of blood from the wound. Leave the tourniquet on until EMS arrives.

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