

Nutritional Supplements & Anabolic Steroids

- Contents and purity of natural supplements are not tests or regulated by the Food and Drug Administration
- Contaminated supplements could lead to a positive steroid test
- · Athletes should have their nutritional needs met through a healthy blanked diet and not diary supplements

Sudden Cardiac Arrest

In the United States each year, sudden cardiac arrest kills 350,000 people, which is approximated 1,000 people per day. This can also occur in the athletic environment. Death during an athletic even can result from direct or indirect causes. The direct causes of death are primarily traumatic. The major indirect causes from arrhythmia or electrical malfunction resulting in sudden cardiac arrest. Sudden cardiac death is usually caused by unsuspected heart disease or disorder. The National Athletic Trainers Association and the American Heart Association reviewed 158 cases of deaths in athletics and found the following:

- The median age was 17
- · Most of the occurrences were in football and basketball, but 18 different sports had occurrences
- Only 12 of the cases reported any symptoms

Prevention: Prevention is difficult if the preexisting cardiac condition is not recognized. To try to achieve this physicians should include a thorough history and cardiac examination as part of the pre participation physical exam. Athletes must report symptoms during the physical exam that alert medical personnel of the risk of sudden cardiac arrest. **THE KEY: A GOOD HISTORY IN THE PRE-PARTICIPATION PHYSICAL EXAM**

CAUSES: Hypertrophic Cardiomyopathy, Marfan Syndrome, Wolff-Parkinson-White Syndrome, Long QT Syndrome, Coronary artery abnormalities

WARNING SIGNS: Palpitations, Dizziness, Chest Pain or Tightness with exercise, Shortness of breath, Syncope, Family History of sudden cardiac death

Treatments & Care: CHAIN OF SURVIVAL

Promp EMS Activation

Early CPR

Early Defibrillation

Early Advanced Care

Staphylococcus Aureus

Staphylococcus Aureus, referred to as "staph" are bacteria commonly carried on the skin or in the nose of healthy people (approximated 30%-50% of the population is colonized). Staph can sometimes cause skin infections.

Some Staph bacteria have mutated and cannot be killed with commonly used antibiotics. MRSA is a type of staph that is resistant to antibiotics including methicillin and other more common antibiotics such as penicillin and amoxicillin.

MRSA: Methicillin Resistant Staphylococcus Aureus

Prevention of Staph:

- Keep your hands clean (wash hands frequently)
- Keep scrapes and cuts clean & covered
- Shower after physical activity
- Properly clean gear and equipment
- Consult Athletic Trainer, Nurse or Physician for active wounds
- Avoid contact with other peoples wounds
- Avoid sharing personal items such as towels and razors

Treatment: See Athletic Trainer. Nurse or Physical Immediately

Asthma

Asthma is a chronic disease that affects your airways. The inside of the airways become inflamed or swollen which restricts the amount of air volume that can reach the lungs.

Causes:

- Allergens Pollen, mold, pet dander, dust mites
- Irritants Scented products, pollution, weather changes
- Other Medicines, gastric reflux, infections

Major Signs & Symptoms:

- Coughing
- Wheezing
- Tightness in chest
- Shortness of breath
- Breathing difficulty at night
- Breathing Difficulty when exposed to allergens

Treatments:

- Quick relief medicine inhaler (can be used before exercise)
 i.e. Albuterol, Xopenex.
- Long relief medicine inhaler
- · Avoid triggers.

Pulmonary measuring devices are available at all athletic venues

Concussion

A concussion is defined as an acute deceleration event causing temporary or permanent damage to the inner ear or brain. The mechanism of injury determines the severity of the symptoms. This is a breakdown of grades of concussion with some common symptoms.

Grade I - No loss of consciousness, appropriate verbal and motor responses, mid confusion, transient imbalance, nausea, dizziness, disorientation.

Grade II - No loss of consciousness, confusion, imbalance, nausea, dizziness, disorientation, same as Grade I but lasts longer than 15 minutes.

Grade III - Any loss of consciousness, any sign of inappropriate speech, severe confusion, severe loss of balance.

Secondary Impact syndrome - Rare event which poses a concern for athletes who return too soon after suffering a previous concussion.

- Previous history of concussion
- Difficulty with memory and/or thought
- Visual, motor or sensory changes
- Collapse into coma

Treatment: See Athletic Trainer, Coach, Nurse, or Physician for immediate evaluation and care.

In the case of a Grade III with loss of consciousness, activate EMS

Diabetes

Treatment:

- 4oz fruit iuice
- 15gm glucose
- · 1 tube glucose gel
- 4-6 small candies
- 1-2 tbs honey
- 6oz regular soda

Mild Symptoms:

Hunger, shakiness, weakness, paleness, blurry vision, sleepiness, changed behavior, sweating, anxiety, dilated pupils.

Moderate to severe Symptoms:

Yawning, confusion, restlessness, irritability, frustration, extreme fatigue, dazed appearance, sudden crying, seizures, inability to swallow, coma.

Mild Symptoms:

Normal Blood Glucose Adult: 90-130 Child: 100-140

Lack of concentration, thirst frequent urination, blurred vision, flushing of skin, increased hunger, sweet fruity breath, fatigue, weight loss, stomach pain.

Moderate to severe Symptoms:

Dry mouth, vomiting, nausea, stomach cramps.

Severe Symptoms:

Very weak, labored breathing, confused, unconscious

Treatment:

Hyperglycemia - Blood Sugar is ≥180

- Verify blood glucose
- · Allow time for use of bathroom and access
- Administer insulin
- Call parents

Hypoglycemia - Blood Sugar is ≤70

Lightning Safety Disorder **Symptoms Treatment** Designate a safe shelter for each • Cramps in skeletal muscles or • Move person to cool **Heat Cramps** May occur after working in abdominal muscles environment moderate-to hot environments. Cramps may be recurrent · Remove unnecessary clothing Flash-to-bang count: (can be used This disorder usually occurs after • Muscle pain may continue • Provide water or electrolyte to determine when to go to safety) performing hard physical work. after cramps subside solution • When flash-to-bang count Heat cramps may occur during or Transport to medical facility approaches thirty seconds all after school. individuals should be already in a safe structure. · Weakness, fatigue • Move person to cool **Heat Syncope** Occurs due to salt loss and water Fainting environment Once activities have been loss in sweat. Predisposes to heat • Provide water or electrolyte suspended, wait at least thirty stroke solution minutes after the last sound of thunder or lightning flash before resuming activities. · Weakness, fatigue • Emergencies call 911 **Heat Exhaustion** May occur after working in hot • Headache, nausea, vomiting • Call ambulance and move Avoid being at the highest point in environments without adequate and/or loss of appetite and patient to cool environment an open field fluid replacement or electrolyte thirst • Do not delay transportation to Do not take shelter near trees, flag replacement. Heat exhaustion may · Pale, clammy skin with large of medical facility be confused with heat stroke, amount of sweating · Remove unnecessary clothing poles or light poles. which is a medical emergency. Lightheadedness, fainting Person should lie flat Individuals who feel their hair stand • Impaired performance • If person is alert, offer small amounts of cool water on end, skin tingle, or hear "crackling" noises should assume the lighting safe position: crouched **Heat Stroke** · Red or flushed skin • Emergencies call 911 on ground, weight on balls of feet, • Confusion, irrational behavior feet together, head lowered and • Do not delay transportation to Least common, but most · Lack of sweating, hot dry skin medical facility ears covered. Never lie flat on the danaerous Occurs when the body's system of (although person may have Move person to cool ground. temperature regulation fails and been sweating earlier) environment • Remove unnecessary clothing the body's temperature rises to High body temperature First Aid • Survey the scene critical levels. This disorder is • Dizziness, convulsions, nausea, • Sponge body with cool water associated with high fatality rates, vomiting, and headache can and fan individual Activate EMS so early recognition and treatment • If person is alert, offer small • Victims are safe to touch - they is critical. · Loss of consciousness amounts of cool water do not carry a charge • No one suspected of being ill Evaluate airway, breathing, and circulation and begin CPR from heat stroke should be sent home without a medical if necessary. Evaluate for hypothermia, evaluation shock, fractures and burns



TRAINING