ASSESSMENT OF THE UNRESPONSIVE PLAYER AND BASIC LIFE SUPPORT A-E APPROACH

Players should always e approached and managed in the following manner. **This is known as the "DR ABCDE or A-E" Approach**

NB: If any life-threatening problem is found it should be dealt with immediately before moving on to the next stage. An example would be life threatening catastrophic bleed.

If the player is not breathing or not breathing normally, the assessment would be stopped and Cardiopulmonary Resuscitation (CPR) commenced immediately.

There are many potential causes of player becoming unresponsive in the field-of-play. The following is a list of the most common causes:

- Sudden cardiac arrest
- Asphyxia – lack of oxygen not the body (i.e. choking)
- Shock
- Head Injury (i.e. traumatic injury on the field-of-play*)
- Heat Exhaustion
- Epilepsy
- Diabetes
- Fainting

D	**DANGER**	Ensuring that there are no immediate environmental dangers which may potentially injure the player or you. This may involve stopping the football match.
R	**RESPONSE**	Is the player conscious? Can he/she talk?
A	**AIRWAY**	Ensuring a clear and unobstructed airway. Removing any mouth guard or dental device which may be present(if they are not well fitting). 'A' is always done in consideration of an associated head or neck injury in football.
B	**BREATHING**	Ensure the player is breathing adequately and normally
C	**CIRCULATION**	Ensure than adequate circulation, check players colour
D	**DYSFUNCTION**	Is the player alert i.e. talking and acting normally, responding only to your voice, responding only to pain or totally unresponsive?
E	**EXPOSE/EXAMINE**	Look for other injuries once the above have all been dealt with and it is safe to do so.

A good way of remembering the information required to be passed onto the ambulance, use the following pneumonic – SAMPLE:	
S	**Signs and symptoms** – that player complains of you have seen
A	**Allergies** – any known allergies e.g. hay-fever, penicillin
M	Any current **Medication** prescribed or other
P	**Previous medical History** - relevant medical conditions that may affect the current injury or its management
L	**Last food or drink** that the player consumed
E	**Events leading to the incident and shortly after** i.e. mechanism of injury, does the player recall all events i.e. is the player concussed, time of injury is important and what first aid you have provided so far.

PLEASE BE AWARE

Occasional gasps, slow, laboured or noisy breathing is common in the early stages of cardiac arrest (the term medically applied is **agonal breathing**/gasping/abdominal breathing) – it is a sign of cardiac arrest and should not be mistaken for a sign of life. **Normal breathing is at least ten breaths every minute.**

- **How to recognise this**
  - Stomach rises and falls – not the chest
  - Exercising players may use accessory muscles if breathing hard, but in addition to the stomach appearing to move the chest would definitely be moving
  - Agonal breaths are irregular and can be accompanied by a snoring sound, present in up to 40% of arrest victims
  - **This is not normal breathing**

Other common first signs of cardiac arrest on the field of play are:

- **Witnessed collapse** or no apparent reason
  - Any witnessed sudden collapse is a cardiac arrest until proven otherwise

and

- **Presence of a seizure/fit**
  - The player will appear to be having a fit as blood flow to the brain is reduced
  - This is not epilepsy – suspect cardiac arrest in a player with no diagnosis of epilepsy

- **If in doubt start CPR**