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Does your colleague know what to do on the pitch in case of a medical emergency? Do you? When traumatic and non-traumatic emergencies in football (soccer) occur, it is imperative that the healthcare professionals responsible for players are trained and equipped to recognise and provide appropriate care.1To support and promote a consistent level of emergency medical care on the football field, reduce errors and limit human errors, the Fdration Internationale de Football Association (FIFA) proposes a standardised protocol for medical teams managing emergencies in sport: the Poster for Emergency Action Planning (PEAP).2The FIFA PEAP (figure 1) illustrates a process by which medical teams organise themselves to deliver prioritised care in emergency scenarios and minimises the risks that are inherent when working in the complex and often publicly viewed prehospital environment of competitive football. By linking key clinical interventions with predetermined roles, the PEAP helps teams manage the challenging human factors inherent in a time-critical emergency on the field of play. Importantly, the FIFA PEAP moves away from the more traditional reactive team dynamics to a more proactive team preparation model. The FIFA Poster for Emergency Action Planning. The names of the person responsible should be entered into the coloured spaces. Each required role (colour) is described in detail in table 1. Please see (online supplemental figure 2) for more detail on the 2021 FIFA emergency bag. AED, automatic external defibrillator; FIFA, Fdration Internationale de Football Association.bjsports-2021-105126supp001.pdf (71.8KB, pdf) Team members and roles for the FIFA emergency action planRoleSkillsMDT member exampleResponsibilityTeam leaderTeam coordination and communicationGood understanding of clinical prioritisation in emergency careClear situational awarenessDoctorSenior paramedicNurse with the resuscitation leader roleIf performing the initial assessment, move to Hands Off role when able:Should avoid becoming task-focused and only be involved in practical skills if absolutely required.Responsible for delegating key equipment to other roles (such as AED/medical gases/airway equipment).Responsible for coordinating the team, defining clinical priorities, and maintaining an overview.Responsible for garnering pertinent medical information relating to the patient, from the team medical staff.Head/neckRecognise potential cervical-spine injury and apply manual in-line stabilisation (MILS) techniquesPerform airway management (or exchange with more qualified responder) in unconscious patients (including iGel LMA insertion in sudden cardiac arrest).DoctorPhysiotherapistAthletic trainerParamedicEMTPrimary communicator with patientCervical-spine MILSAirway managementLeading team in log-roll or spine boarding technique.ChestAble to perform initial primary clinical assessment (ABCDE)Experienced in recognising sudden cardiac arrest or signs of significant injuryCapable of performing basic airway manoeuvres and chest compressionsDoctorParamedicEMTInitial assessment (including starting as team leader while team assembles)Ensure safe airway and application of oxygen when requiredStart CPRTorso control in log-rollEquipmentUnderstands the use and deployment of all medical equipment allocated to the team (although does not need to be skilled in its use)Able to carry relatively heavy resources to support the teamParamedicEMTFirst Aiders/AHPsBring FIFA Bag and AED. Deployment of medical equipment in line with the clinical scenarioLiaison with any other venue stretcher team personnel to assist the team leader in coordinating extricationResponsible for the safe clearance and removal of medical equipment from the field of playPelvisPerform basic medical manual handling and assist clinicians in patient careTrained in the application of spinal immobilisation and patient movement equipmentEMTFirst Aiders/AHPsPelvic control in log-rollAssists with CPR (if trained)May be designated specific equipment to assist Head & Chest roles (AED/medical gases/airway equipment)LegsPerform basic medical manual handling and assist clinicians in patient careTrained in the application of spinal immobilisation and patient stabilisation equipment (such as spider straps and vacuum splints)EMTFirst AidersAHPsLeg control in log-rollAssists with CPR (if trained)May be designated specific equipment to assist head/neck and chest roles (AED/medical gases/airway equipment)Regardless of where the emergency takes place, the clinical elements for recognising and managing a medical emergency or trauma remain the same. The football terminology of a set-piece has been borrowed to describe the optimal processwhere a team practises for a predicted scenario, with each member designated a role to perform and the accumulation of these roles leads to the goal.Set-piece thinking permits optimal team performance by allowing each individual to remain task-focused without distraction. A team leader or captain of the medical team should be predesignated and is ultimately responsible for coordinating the emergency response. This role can be assumed initially by the first responder (often the team doctor) who would perform the initial on-field assessment and begin management, before moving to a more hands-off role to coordinate the response, or hand over these responsibilities to a pre determined team leader (when they arrive on scene). Regardless of the clinical scenario, the process for the emergency response should not change, so time-critical and life-threatening clinical issues (such as sudden cardiac arrest or thoracic trauma) are not missed due to the prioritisation of more eye-catching issues (such as angulated fractures).This scripted and reproducible process necessitates team practice and scenario-based training by the medical staff and designated responders to minimise stress and improve efficiency when called into action.3One of the major challenges in providing medical care for football is the inconsistency in resources available within venues. The FIFA PEAP aims to add a consistent approach that can be adopted by most multidisciplinary teams (MDTs) and defines the minimal clinical resources and associated skills required for each role.The PEAP is designed for all stakeholders in football, in both competitions and training. It is an umbrella process that is equally applicable to venues with already established high-functioning emergency systems and those with more moderate resources. To achieve this, we have placed emphasis on the key interventions required to resuscitate and stabilise a patient and the skills required to deliver these procedures. This focus allows the integration of clinicians with emergency competencies (such as doctors, paramedics and nurses) and allied health professionals with other skills (such as physiotherapists, athletic trainers, sports therapists and first aiders) into a MDT.Within the PEAP, roles are allocated and practised prior to the deployment of the team so when an emergency takes place, team members are already aware of their role and responsibilities in the process. These are colour coded and represent the positions and responsibilities each member should take during a scenarioas described in figure 1. Each club may have personnel to fill each of these roles and practise their emergency response together before the start of the season. In some circumstances, the visiting team may require personnel from the home team to fill all roles. This should be determined before match day and role allocation should take place at the Prematch Medical Meeting (suggest 1 hour prior to kick-off) or in a pretraining briefing. As part of adopting the PEAP, teams should introduce time for this key communication or so-called medical timeout into their regular preactivity routine.A synchronised, well-practised set-piece allows teams to work efficiently and without getting in each others way. However, the task-focused element of most team members roles places increasing importance on communication and the hands-off oversight of the team leader.Communication within the team is key, allowing team members to feedback through the team leader who provides situational awareness and coordinates the set-piece. The team should practice closed-loop communication where the team member alerts the rest of the team via the team leader when each task is delivered.It is inevitable that team communication and performance will be challenged by stressful, time-critical medical emergencies, and so the PEAP is designed as a reference document for use during team activity. All roles and communication channels should refer back to the FIFA PEAP as a tool to maintain clear team direction, organisation and leadership in times of stress.A medical emergency in football is a challenging and stressful situation for any clinician. To provide the most efficient response, to best prioritise care and optimise the medical teams performance, we recommend moving away from reactive team dynamics to a proactive team preparation model. The FIFA PEAP provides a structure by which any medical team supporting the field can deliver a reproducible system using a set-piece process to ensure optimal player care when a medical emergency presents itself.Not applicable.This study does not involve human participants.1.Hanson JR, Carlin B. Sports prehospital-immediate care and spinal injury: not a car crash in sight. Br J Sports Med2012;46:1097101. 10.1136/bjsports-2012-091800 [DOI] [PubMed] [Google Scholar]2.Rehberg RS. Sports emergency care: a team approach. J Sports Sci Med2013;12. [Google Scholar]3.Bleetman A, Sanusi S, Dale T, et al. Human factors and error prevention in emergency medicine. Emerg Med J2012;29:38993. 10.1136/emj.2010.107698 [DOI] [PubMed] [Google Scholar]This section collects any data citations, data availability statements, or supplementary materials included in this article.bjsports-2021-105126supp001.pdf (71.8KB, pdf) Articles from British Journal of Sports Medicine are provided here courtesy of BMJ Publishing Group LIVE FROM THE CLOSING CEREMONY!By Team England Sports Physicians: Paul Dijkstra & Noel Pollock (@DrPaulDijkstra / @DrNoelPollock)**Podcast with Dr Paul Dykstra sharing the UKAthletics Model for providing integrated (clinicians & coaches/S&C) click here) Tonight is the closing ceremony of what has been an amazing 20th Commonwealth Games here in Glasgow; the most successful ever for Team England who topped the medal table with just under 60 gold medals!The Team England Medical facility was a constant hive of activity with doctors and therapists working side-by-side for very long hours to assist athletes to give their very best. The polyclinic was no exception. On our occasional visits there it was obvious that the excellent facility (sports medicine, pharmacy, 24 hour emergency care, dental, ophthalmology, radiology including mobile MRI and CT imaging facilities) was being well utilised by all the teams; some more than othersWhat were the 7 most common injuries and illnesses seen and how did we manage them?Upper respiratory symptoms (commonly allergy driven). Asthma and allergy are very common amongst elite athletes. More than 50% of elite athletes have hay fever and a significant percentage will have asthma (up to 25% of elite athletic teams!). Asthma and EIB are more prevalent in swimmers. Hay fever (and especially itchy and watery eyes) has been a problem here brought on by the few very hot and windy days weve had in the lead up to the Games. (It was close to 30 degrees on the first day of competitions here on the 24th July.)Management Tip: Otrivine and a corticosteroid nasal spray are an excellent combination for quick control of nasal congestion and mouth breathing sleepViral illness both respiratory and gastrointestinal. Prevention and early precautionary isolation is key. Travel well-prepared with personal hand gels. Wash hands; everybody was encouraged to use the hand gel provided at the entrance to the dining hall. Paracetamol, and decongestive nasal spray. Martin Schwellnus published an excellent study in the BJSM on the effect of time zone travel on athlete risk of illness. Travelling more than 6 time zones more than doubles the risk of illness while in the foreign environment in professional rugby players.Gastrointestinal illness is a constant threat when travelling with teams. There was some media attention to an early outbreak of Norovirus among workers here in the village before the start of the games. Due to the excellent work by the Scottish Public Health authorities and others here, the disease has not spread further. It warns us to be ready to manage this kind of problem when travelling with teams to any destination.Management Tip: Always travel with probiotic capsules. There is some evidence that regular use will shorten the number of days of diarrhoea and also boost the immune system, particularly in endurance athletes.Emotional stress and sleep problems are common especially in younger athletes competing at a major event for the first time and living in a very big and busy athletes village environment. Athletes here are all share rooms and a few have Tweeted their frustration with the noise level!Management Tip: Encourage athletes to minimise impact to their normal routines and to bring ear plugs and eye masksChronic overuse injuries especially affecting lower limb, obviously depending on the type of sport and discipline. The most common of these are Achilles and Patella tendinopathies, plantar fasciosis and stress injuries of tibia and foot / ankle.Management Tip: One athlete recorded a doubling of daily steps taken while in the village encourage athletes to limit unnecessary walking and to use appropriate footwear (not flip-flops!)Acute muscle injuries especially hamstring and calf muscles. These are common running injuries in sports like track and field, rugby and football.Management tip: Most sprinting athletes will present with some hamstring symptoms through the rounds of a championships particularly if they compete in multiple sprints/relays. Team clinicians should be experienced in the management and differentiation of hamstring presentations to assist the coaches and athletes in decision making and performance. As always know your sport!Acute ankle ligament injuries especially in contact sports like rugby sevens, netball and hockey. The lateral ankle joint ligament sprains were the most commonly ligament injuries seen here.Management Tip: Determine the severity of the injury and treat aggressively with immobilisation, cold compression, elevation, rest and strapping / taping for competition. It is important to include the athlete and coach when the relative risk of further competition is being discussed.Acute (and chronic) hand injuries are more common encounters by medical teams covering the boxing, judo and weightlifting events.Management Tip: Weve seen some excellent management of hand injuries by therapists and doctors with a combination of ice-compression, therapy, strapping, injections and anti-inflammatory medication being used.Conclusion: The overall message is teamwork. Its an easy word to use but there are huge challenges to effective teamwork in a high performance environment (a topic for another blog!). Athletes and coaches usually benefit most when supported by doctors, therapists and management working in synergy towards a common performance goal.Thanks to all our colleagues in Team England and to the coaches & athletes; as ever, its a privilege to work with such talented people. @DrPaulDijkstras paper on the Integrated Performance Health Management & Coaching model here (please see podcast note at top of blog too). (Visited 12,356 times, 1 visits today) Emergency cardiac care in the athletic setting: from schools to the Olympics. Toresdahl B, Courson R, Brjesson M, Sharma S, Drezner J. Toresdahl B, et al. Br J Sports Med. 2012 Nov;46 Suppl 1:i85-9. doi: 10.1136/bjsports-2012-091447. Br J Sports Med. 2012. PMID: 23097485 Review. What a great summer for sport. The London Olympics may take gold on the sporting podium, but Wimbledon, Silverstone, the domination of Euro 2012 football by Spain et al. will all be competing for the lesser medals. Sadly, as in any walk of life, accidents happen, equipment fails, humans make mistakes and the unexpected presents itself. The highest profile sporting medical emergency in recent times was the sudden cardiac arrest of the Bolton footballer Fabrice Muamba and, more importantly, the successful resuscitation both on and off the field and his subsequent discharge from hospital.Emergencies in sport will rarely get the media exposure seen in the Muamba case, yet they are not uncommon. In addition, they are obviously not just a part of elite sport; most sport in the UK is played at community level, so everyone involved in sports medicine at any level must be trained, equipped and competent to deal with any emergency they might be exposed to in the particular sport they are covering.Emergencies in Sports Medicine is a great little addition to the Emergencies in series. Packed with nuggets of detail and edited by clinicians with real experience in the area, it covers almost all emergencies that sports medics could be exposed to. Unfortunately, little also refers to the size of the print, which is a real issue for anyone optically challenged.From planning and preparation to collapse during exercise, from altitude sickness to airway injuries, all the key areas are covered in sufficient detail to enable the reader to use this pocket book more as an, aide memoir, rather than as a textbook. It makes effective use of bullet points to get the key messages across and many of the key texts are referenced anyway so that the reader will know where to look for further in-depth information if required.Although it contains all the latest resuscitation advice, readers must be cognisant of the fact that guidelines change and they should use the references (or website addresses when provided) to confirm that they remain up to date. For example, one area that is shortly to change is the use of long boards to transfer patients with suspected spinal injury. The recommendations will be to use the new EXL thermoplastic Scoop stretchers, which will require only a 10 tilt as opposed to a 90 log roll both pre-hospital and again in the emergency department. Equipment improves, guidelines change, but textbooks do not automatically update.My one criticism of this fine book is that the authors have included some conditions for completeness that would never meet the criteria of an emergency, in any sporting environment. A bursitis, even if infected, needs to managed in a timely and effective manner, but will never be an emergency.I hope that, in time, the authors revise the running order of the book, so that it flows better and true emergencies are focused on first, with albeit important chapters such as Athletes with Pre-existing Conditions given a lower priority.I would strongly recommend this little gem to anyone involved in sports medicine. One never knows where or when one will be exposed to the next medical emergency; that being the case, this is a very useful number to have in your acute medical bag. You might just need a magnifying glass to assist you in reading it! Sports provide numerous valuable benefits to participants, but they carry risks, as well. According to Safe Kids USA, more than 3.5 million children under 14 years old receive treatment for sports-related injuries each year 1. If you are a coach, trainer, active parent, participant or interested bystander in an organized sport, you may find yourself in the position of having to respond to an emergency situation. Knowing the appropriate emergency response to a sports-related injury will help you react quickly and effectively. According to MedlinePlus, most sports-related injuries include bone and soft tissue injuries like sprains, strains, knee injuries and dislocations 1. Most of these injuries must receive treatment, but may not qualify for emergency response. Sometimes athletes experience a potentially life-altering injury, like a head or neck injury, near drowning, eye injuries, seizures or sudden cardiac arrest. According to MedlinePlus, most sports-related injuries include bone and soft tissue injuries like sprains, strains, knee injuries and dislocations 1. Sometimes athletes experience a potentially life-altering injury, like a head or neck injury, near drowning, eye injuries, seizures or sudden cardiac arrest. Emergency Equipment More injuries actually occur during practices, so if you're in charge, make sure you take the same safety precautions during practices as you would during games; always have emergency equipment available. Equipment like a spinal board, an automated external defibrillator, emergency oxygen and an emergency access phone could mean the difference between life and death. In addition to having equipment available, you want to make sure that someone on site knows how to properly use the equipment. CPR and first aid certification classes will teach you and your team how to properly use basic emergency equipment, preparing you to respond in case of emergency. More injuries actually occur during practices, so if you're in charge, make sure you take the same safety precautions during practices as you would during games; always have emergency equipment available. CPR and first aid certification classes will teach you and your team how to properly use basic emergency equipment, preparing you to respond in case of emergency. First responders in an emergency situation have basic knowledge of CPR and first aid and know how to start handling an emergency. If you are the first responder, you must survey the scene, check the victim for life-threatening injuries, then for non-life-threatening injuries or illnesses, and ensure that more advanced care arrives on the scene. As the first responder, you might enlist help from coaches, athletic trainers, players or bystanders to help you in your response or to control the crowd. The importance of the first responder can't be emphasized enough. If the injured participant needs CPR or is suffering from a life-threatening injury, the earlier care begins, the greater the chance of survival. First responders in an emergency situation have basic knowledge of CPR and first aid and know how to start handling an emergency. If you are the first responder, you must survey the scene, check the victim for life-threatening injuries, then for non-life-threatening injuries or illnesses, and ensure that more advanced care arrives on the scene. Handling Emergencies When handling an emergency, first check for consciousness, breathing, circulation and severe bleeding. If a head, neck or back injury is suspected, avoid moving the victim and try to maintain in-line stabilization of the head and neck, preventing further injury. As the first responder, you are responsible for sending another individual to call an ambulance and asking bystanders to get supplies, comfort family members or control the crowd. A fast response and clear leadership in an emergency can help prevent the confusion that sometimes arises in stressful situations. When handling an emergency, first check for consciousness, breathing, circulation and severe bleeding. If a head, neck or back injury is suspected, avoid moving the victim and try to maintain in-line stabilization of the head and neck, preventing further injury. Precautions It's important to proactively take steps to help prevent injuries from occurring during sports participation 1. Make sure that all the fields and facilities used during sporting events are well-maintained. Make sure participants undergo a thorough pre-participation physical to identify any underlying disorders, and ensure that all participants wear appropriate, snug-fitting safety equipment. Organized sports are supposed to be fun with minimal risks, but occasionally athletes, coaches, and even bystanders experience a medical emergency. Its important to know when an event is considered an emergency and what to do if one occurs. Coaches and other staff members frequently find themselves acting as first responders, and the actions they take can be critical to the outcome.Below are the top six medical emergencies most frequently seen in sports, listed in no particular order: Head and Neck Injuries Heat Illness Asthma Allergic Reaction/Anaphylaxis Sickle Cell Trait/Exertional Sickling Sudden Cardiac Death Head & Neck InjuriesBrain and spinal cord injuries can occur when athletes are participating in full-contact, limited-contact, or no-contact sports. Any of the following scenarios require standard cervical spine precautions:A head injury results in a change in the level of consciousnessAn injured athlete complains of severe pain in his/her neck or backThe injured athlete complains of weakness, numbness, or paralysisA loss of control of limbs, bowel, or bladderObservable odd positioning of head, neck, or backHead injuries can range from a routine concussion to serious trauma. A concussion, while an injury to be taken seriously, is not necessarily an emergency. Sports organizations should adopt and implement a brain injury / concussion risk management program which explains the types of brain injuries which require immediate medical attention as follows:Danger signs which require immediate medical attention: one pupil larger than the other; drowsiness or inability to wake up; headache that gets worse and does not go away; weakness, numbness, or decreased coordination; repeated vomiting or nausea; slurred speech; convulsions or seizures; inability to recognize people or places; increasing confusion, restlessness, or agitation; unusual behavior, loss of consciousness (even brief). If one or more of these danger signs occur after a bump, blow, or jolt to the head or body: call 9-1-1 or transport the athlete immediately to the emergency room.If an athlete sustains what is suspected to be a serious head or spinal cord injury (the signs of which are listed above), call 911 and activate your emergency action plan. Do not move anyone with a suspected cervical or spinal injury unless he/she is in immediate danger (and do not allow them to move). This includes leaving any protective gear (pads, helmet) in place until EMTs arrive. Hold the head and neck to prevent movement and keep stabilized until help arrives.If the injured party is unresponsive, check for a pulse. CPR should be performed while maintaining spinal immobilization.In the event vomiting occurs, roll the injured person on their side with the assistance from at least one other person, working in unison and keeping the spine, neck and head in line.Heat IllnessWhile quite preventable, heat illness is one of the top three causes of death in athletes. Please see our guidelines for preventing heat illness.The most minor symptom of heat illnesses is cramping. More serious forms of heat illness are heat exhaustion and heat stroke. Cramps from overheating are a result of dehydration and exhibit as involuntary muscle spasms, usually in the legs, abdomen or arms. Rest, rehydration, and stretching of the muscles will ease the cramps. Heat cramps are not a medical emergency, but can be one of the first signs of heat exhaustion.Heat Exhaustion exhibits in the symptoms listed below. Heavy sweating Dizziness or fainting Cold, pale, and clammy skin Rapid, weak pulse Headache Nausea or vomiting Persistent heat cramps Tiredness or weakness Loss of coordinationRelease anyone experiencing any of these symptoms from activity, move them to a shaded or air-conditioned area, and monitor closely. Have the athlete remove any extra clothing and equipment and lie down with legs elevated. Use fans, cold towels, or water to cool the person. Have the athlete drink cold water or a sports beverage. If the athlete is vomiting or nauseated, offer ice chips.The athlete should not return to activity unless and until all symptoms have subsided. If vomiting or symptoms do not improve after one hour, call for emergency medical assistance.Heat Stroke occurs when the body is unable to cool itself properly to maintain a normal body temperature. This can lead to death if not treated properly. Heat stroke can occur even when it is not hot outside; players who are unable to sweat enough to cool their body are at a higher risk for heat stroke. The signs and symptoms are: Body temperature of 103F or higher Dizziness Confusion or combativeness Hot, red, dry or damp skin Headache Rapid, strong pulse Nausea/vomiting Loss of consciousness/faintingCall for emergency medical assistance immediately if heat stroke is suspected. Remove athletes extra clothing and equipment before cooling with a fan, cold towel, cold water, or ice packs. The best treatment for heat stroke is cold water immersion. Water temperature should be between 35 and 59 F and stirred to maximize cooling. Do not put the athlete at risk by leaving him/her alone in water. He/she could lose lose consciousness or become dizzy, and unintentionally be submerged.AsthmaPeople with asthma risk swollen, narrowed airways, which restrict their ability to breathe. Severe asthma attacks can lead to death. Symptoms of respiratory distress are: Wheezing or chest tightness Uncontrolled cough Inability to speak in full sentences Difficulty exhaling during breathing Abnormal abdominal movements attempting to help breathingRequire athletes with asthma to have an asthma action plan developed by their physician, which should be communicated to coaches and trainers.Allergic Reactions or AnaphylaxisA whole-body allergic reaction causing airways to tighten and restrict breathing is an anaphylactic reaction to an allergen. It is a potentially life-threatening medical emergency requiring immediate treatment.Avoiding known allergens is the best way to prevent a severe allergic reaction. Parents of children with severe allergies should make all coaches and caregivers aware of allergens to avoid, and have an emergency plan in place for treatment should a reaction occur.Signs of anaphylaxis are: Swelling and or tingling of the tongue, lips, eyes and/or face Anxiety Difficulty breathing; coughing Chest pain/ tightness Abnormal breathing sounds; wheezing Difficulty swallowing Hives, itchiness, red skin Dizziness or feeling lightheaded Nasal congestion Nausea, vomiting Rapid, pounding heartbeat or fluttering heart Slurred speech Loss of consciousnessCall 911 immediately If anaphylaxis is suspected. Check that the airway is clear. Check pulse and begin CPR if necessary. If emergency allergy medicine or an EpiPen is available, administer it immediately. Never administer oral medication or fluids when a person is having difficulty breathing.Sickle Cell TraitAthletes with sickle cell trait are typically healthy in other respects. In rare instances sickle cell can lead to exertional sickling, which is a medical emergency that requires immediate treatment.Exertional sickling is sometimes confused with heat cramps. A combination of intense exertion and low blood oxygen causes exertional sickling. The oxygen-starved muscles may cause pain, injury, organ failure, and even death.Allow athletes with sickle cell trait to set their own pace, rest, and hydrate at any sign of symptoms. Pain in the lower legs is typically the first symptom. Symptoms that do not quickly resolve or include collapse, severe pain, or breathing problems should be considered a medical emergency requiring a call to 911.Sudden Cardiac DistressFortunately, instances of sudden cardiac death are rare, but it is one of the leading causes of death in athletes. Most events are due to abnormalities of the heart such as Marfan syndrome, hypertrophic cardiomyopathy, and Wolf-Parkinson-White syndrome. These conditions typically have no obvious symptoms before the actual incident occurs. Cardiac-relateddeaths can also be caused by a concussion of the heart known as Commotio cordis, which results from a blow to the chest by a blunt object, which we see most often in baseball and softball.Regardless of why sudden cardiac events occur, treatment is the same. Check the athletes responsiveness, breath, and pulse and call 911. If an AED is on hand, have someone trained in its use administer treatment; early defibrillation drastically improves chances of survival. If no AED is available, begin CPR immediately, which also significantly increases the chances of survival.

Most common medical emergencies on a plane. List of common medical emergencies. Medical emergencies sports. What is the most common medical emergency.