

Checklist to Assess for and Manage Mild Traumatic Brain Injury (mTBI) and Concussion

For Emergency Department Physicians Treating Patients 18 Years and Older



Assess.

- Conduct a physical examination to identify findings that may:
 - Suggest a more severe traumatic brain injury (e.g., hemotympanum)
 - Impact mTBI management (e.g., baseline deficits, oculomotor dysfunction)
- Assess symptoms using validated scales.
- Do not routinely image (including CT & MRI). Use clinical decision rules to determine need.
- For patients on anticoagulation or antiplatelet therapy (except for aspirin):**
 - **Highly consider imaging.**
 - **Do not use clinical decision rules to exclude the need for head CT.**
 - **Do not routinely repeat imaging if CT showed no hemorrhage at baseline.**
 - **Do not routinely admit to hospital if CT is negative and no other medical criteria indicating admission are present.**

Examples of validated scales:

- Standardized Assessment of Concussion
- Post-Concussion Symptom Scale
- Acute Concussion Evaluation
- Sport Concussion Assessment Tool

Examples of validated decision rules:

- Canadian CT Head Rule
- New Orleans/Charity Head Trauma/Injury Rule
- NEXUS

CDC patient discharge instructions:

www.cdc.gov/TraumaticBrainInjury

Example return-to-activity instructions:

Within 2 days of the injury, begin light physical activity and then gradually reintroduce regular non-sports-related activities that do not cause symptoms to get worse.

Educate.

- Provide discharge information about:
 - Rare symptoms of delayed hemorrhage
 - Typical recovery course
 - Gradual return to activity (e.g., work, driving)
- Offer clear instructions (preferably verbal and written) on return to activity customized to the patient's symptoms.

Female patients are more likely to experience post-concussive symptoms.

Potential risk factors for post-concussive syndrome also include:

- Psychiatric history
- GCS<15
- Etiology of assault
- Alcohol intoxication
- Loss of consciousness following injury
- Pre-injury psychological history (e.g., anxiety, depression)

Refer.

- Instruct patient to follow-up with their regular healthcare professional within a few days post-injury.
- Consider referral to outpatient care for patient at high risk for post-concussive syndrome.
- For patients on anticoagulation or antiplatelet therapy (except for aspirin) consider outpatient referral to assess:**
 - **Fall risk**
 - **Risks and benefits of anticoagulation therapy.**

CDC older adult fall prevention tools:

www.cdc.gov/STEADI



All of the clinical recommendations and education tools related to the American College of Emergency Physicians mTBI Guideline are available at www.cdc.gov/TraumaticBrainInjury.