MILD TBI Orders

1. Admit
2. Vitals q4
3. Activity: use discretion and/or fall risk assessment to determine, otherwise no limitations
4. Nursing: notify provider if
   a. HR <60 or >120
   b. RR <10 or >30
   c. BP<100 or >160 goal is sbp between 120-160
   d. Neurologic changes: GCS drop of 2 or more points, change in pupil symmetry or reactivity, increased unexplained somnolence, or presence of seizures, emesis or headache not controlled by oral analgesics
5. Diet: as tolerated
6. Medications: hold aspirin, antiplatelet drugs and anticoagulants, including Plavix, heparin, warfarin
7. PO analgesics- avoid NSAIDS
8. Radiology- repeat CT without contrast to “evaluate for progression of traumatic brain injury” in
   a. 6 hrs
   b. 8 hrs
   c. 12 hrs
   d. Am or
   e. NA

If the follow up CT scan is unchanged, and the neurologic status is stable the patient may be discharged home if the following are met

   Ability to eat/drink without vomiting
   Ability to ambulate/manage ADL in safe and appropriate manner
   Discharged to home under the supervision of a responsible adult who should stay with them for the first 24 hours
   No driving, operating heavy machinery or engaging in heavy exercise or risky activities (contact sports, scuba, surfing) for 6 weeks. They should follow up with PCP in 1 week

Outpatient follow up-

   No follow up with the neurosurgeon or trauma surgeon specifically requested on the initial conversation. If follow up is required, this will be arranged by the neurosurgeon/trauma surgeon

If the patient is admitted and develops neurologic changes (worsening GCS, uncontrollable HA, persistent emesis/new seizures) contact the trauma service for guidance in ordering imaging and to facilitate transfer to Northern Light Eastern Maine Medical Center.