

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.