

## Mild TBI Transfer Guideline

1. Major or multisystem injuries will be referred to the on-call Trauma attending
2. In cases of isolated mild TBI head CT will be recommended, if not already done and images will be reviewed and discussed by the local Emergency Medicine Provider and the consulting Trauma attending

The following may be managed after discussion with the trauma attending and/or neurosurgeon with monitoring at the outside hospital, repeat imaging and follow up via telephone the next day to assess

**Cerebral contusion:** solitary contusion less than 10mm or multiple less than 5mm in diameter

**Subarachnoid hemorrhage:** less than 5mm thickness

**Isolated subdural hemorrhage:** less than 5mm thickness

In the presence of antiplatelet, anticoagulation medication

- Discuss with the trauma attending whether reversal is recommended, err on the side of reversing, especially in the patient who is supratherapeutic
- Even if the patient is on antiplatelet/ anticoagulation medication this does not necessarily indicate necessary transfer to a tertiary center and many of these patients can be managed conservatively at the outside facility

### Indications for transfer:

**Depressed skull fracture >1 cm**

**Basilar skull fracture**

**Midline shift > or = 4 mm**

**Cerebral contusions:**

**Solitary greater than 10 mm**

**Multiple greater than 5 mm**

**Subarachnoid hemorrhage > or = 5 mm**

**Acute SDH**

**Greater than 5mm**

**Less than 5 mm and taking antiplatelet or anticoagulation medications (Plavix, therapeutic coumadin, Eliquis)**

**Epidural hemorrhage >5 mm**