



¹Increased risk for ciTBI

- Evidence of Skull Fracture
- Abnormal Neurological exam

²Significant Clinical Findings

- Altered Mental Status such as Agitation, Persistent/Deep Somnolence or Repetitive Questioning
- Persistent Slow Response to Verbal Communication
- Occipital, Parietal or Temporal hematoma
- Severe Headache
- Multiple Emesis
- Severe mechanism of injury:
 - Motor Vehicle Crash with Ejection
 - Death of another passenger
 - Rollover
 - Pedestrian or bicyclist w/o helmet struck by motor vehicle
 - Fall > 5 feet if > 2 years; > 3 feet if < 2 years.
 - Head struck by high-impact object

³Additional Risk Factors

- Multiple symptoms
- Loss of consciousness
- Worsening signs or symptoms
- Younger infant
- Delayed onset seizure
- Persistent GCS of 13 or 14

⁴ED Observation

- Close observation and frequent reassessment are recommended upto 4 hrs.
- If worsening obtain CT
- If there is a high speed mechanism with the isolated head injury; admit to Neurosurgery*

⁵Discharge Criteria

- Pain & Emesis controlled
- Caretakers understand Discharge Care Instructions
- Caretakers able to return to ED if symptoms worsen

⁶Discharge Home

- Discharge using current Concussion teaching sheet which includes:
 - PCP follow-up information
 - Detailed Activity Restrictions
 - Return to School
 - Return to Play
- Provide Contact # for Concussion Program Nurse **404-785-KIDS (5437)**, select option 3, and ask for concussion nurse.

ciTBI clinically important Traumatic Brain Injury
GCS Glasgow Coma Scale
LOC Loss of Consciousness
PCP Primary Care Physician