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.

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

☐ Do not routinely image (including CT & MRI). Use clinical decision rules to determine need.

Examples of validated decision rules:
  • Canadian CT Head Rule
  • New Orleans/Charity Head Trauma/Injury Rule
  • NEXUS

☐ 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.

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.

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.

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 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.

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)

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.