Trauma Clinic Advanced Practice Guidelines For Traumatic Brain Injury

In accordance with the Division of Trauma Practice Guidelines Manual and the Practice Guidelines for Acute Care Nurse Practitioners

I. Definition
   1. The management of traumatic brain injury, following discharge from the hospital, requires a precise history and physical examination to minimize the incidence of misdiagnosis and increase the incidence of finding complications. Possible complications might include hemorrhage, hematoma, seizures, cerebral edema, headache, nausea, and/or vomiting. All patients s/p TBI should be screened for symptoms, because most have normal CTs and no diagnosis. Thus, patient’s with a minor closed head injury, such as concussion with significant amnesia, are all likely to have some symptoms that are problematic for 1-6 weeks.

II. Assessment
   A. Subjective Information
      a. History of Present Illness
      b. Past Medical and Surgical History
      c. Current Medications
      d. Allergies
      e. Recent Follow-up Appointments
      f. Chief Complaint
   B. Objective Information
      1. Physical Examination
         A. Somatic Problems
            a) Nausea
            b) Vomiting
            c) Headache
            d) Sleep Disturbances
            e) Fatigue
            f) Lethargy
         B. Sensory Problems
            a) Dizziness
            b) Incoordination
            c) Blurred vision
            d) Double vision
            e) Changes in smell
            f) Taste alterations
            g) Tinnitus
            h) Hypersensitivity to light/noise
         D. Cognitive Problems
            a) Problems with complex attention skills
            b) Problems with memory for prospective events
            c) Problems with memory for new information
d) Problems with speed of information processing
e) Problems with capacity of information processing
f) Problems with word finding
g) Problems with organization of thoughts
h) Problems with organization of expression
i) Problems with mental flexibility
j) Problems with mental control
k) Problems with initiation
l) Problems with integrative thinking
m) Problems with problem solving/judgment

E. Behavioral Problems
   a) Decreased libido
   b) Agitation
c) Irritability
d) Impatience
e) Egocentricity
f) Social withdrawal
g) Apathy
h) Lability
i) Mood swings
j) Disinhibition
k) Defensiveness
l) Confrontational attitude
m) Decreased capacity for intimacy

F. Emotional Problems
   n) Anger
   o) Depression
   p) Frustration
   q) Anxiety
   r) Irrational fears, especially “going crazy”
s) Insecurity
t) Guilt
u) Feeling helpless

2. Radiographic Examination
   a) Head CT Scan

1. Management
   A. Provide all patients diagnosed with mild, moderate, or severe traumatic brain injury the pamphlet, “Facts About Concussion and Brain Injury,” and information about Pi Beta Phi Rehabilitation Institute. All patients should be given instructions regarding symptoms, likelihood of recovery, and recovery timeline. Many of these patients get fired, flunk tests, etc. because they do not understand that following concussion with significant amnesia, they are likely to have cognitive deficits for 1 – 4 weeks. They should not resume operation motorized vehicles or resume jobs that place them at risk until they are able to function with
normal cognition. Cognitive rehabilitation is imperative for MD, police, pilots, etc.

B. Evaluate history of present illness
   1. Determine if patient had a mild, moderate, or severe traumatic brain injury
   2. Determine whether or not patient had a loss of consciousness
      a. If loss of consciousness, determine duration of unconsciousness
   3. Determine patients level of consciousness at time of discharge from VUMC
   4. Determine patients current living circumstances

C. Evaluate patient’s current medications

D. Evaluate patient’s current level of consciousness
   1. If patient is unable to follow commands, then continue to follow as outpatient and treat symptoms
   2. If patient is able to follow commands, then determine if patient is having any of the above somatic, sensory, cognitive, behavioral, or emotional problems
      a. Follow patient’s experiencing symptoms as an outpatient in the trauma clinic for 3 months to see if there is any resolution in the symptoms.
      b. Refer any patient experiencing at least five problems for a three month period following the injury from the above list to the Pi Beta Phi Rehabilitation Institute for Neurorehabilitation.
         1) A form, for the referral can be obtained by calling 936-5040 for a referral request.
         2) After the referral form is completed, it must be faxed to Pi Beta Phi at 936-5063.

E. Evaluate patient’s sleep patterns since time of discharge
   1. Determine time to bed, time to sleep, times awake, activities during wakefulness, rise time, and restedness upon awakening

F. Evaluate patient’s dietary habits

III. References
   1. www.cdc.gov
   6. Englander, J, Cifu, DX, Wright, JM, & K Black. (2003.) The association of early computed tomography scan findings and ambulation, self-care, and supervision
needs at rehabilitation discharge and at 1 year after traumatic brain injury. Arch Phys Med Rehabil, 84, 214-220.