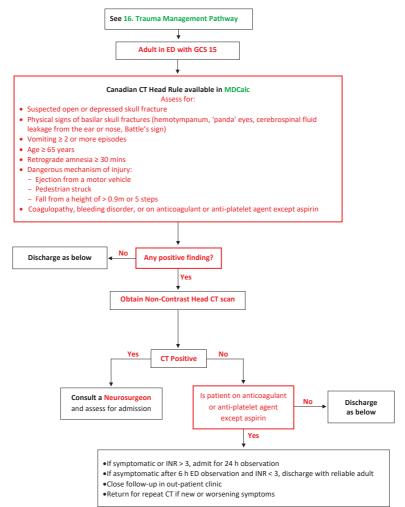
18. Mild Traumatic Brain Injury Algorithm

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.



Discharge

A CT interpreted as normal by the Radiologist in a neurologically intact person with a normal mental status allows for safe discharge with appropriate instructions and avoids prolonged ER observation or hospital admission. WRITTEN and VERBAL Discharge Instructions (see MINOR HEAD INJURY DISCHARGE ADVICE) must be provided and should include symptoms to expect after a mild TBI, the time course, the overall positive prognosis, activity limitations, and the point at which a patient return to the ED for further testing.

Minor Head Injury Discharge Advice

On returning home it is important that, if possible, you are accompanied by a responsible adult. While unlikely, there is a small risk of developing complications, so if you experience any of the following symptoms in the next few days you should return to ED as soon as possible.

- · Loss of consciousness
- New deafness in one or both ears
- · Loss of balance or problems walking
- Any weakness in one or both arms or legs
- · Any vomiting
- · Clear fluid coming out of your ears or nose
- Drowsiness when you would normally be wide awake
- · Increasing disorientation
- · Problems understanding or speaking
- Blurred or double vision
- Severe headache not relieved by painkillers such as paracetamol
- · Bleeding from one or both ears
- · Any fits (collapsing or passing out suddenly)
- · Inability to be woken

Dos and Don'ts

DO make sure you stay within reach of a telephone and medical help in the next few days

DO have plenty of rest and avoid stressful situations

DO show this factsheet to a friend or family member who can keep an eye on your condition

DO take painkillers such as paracetamol for headaches

DON'T stay at home alone for 48 hours after leaving the hospital

DON'T drink alcohol until you feel better

DON'T take aspirin or sleeping tablets without consulting a doctor

DON'T return to work until you feel ready

DON'T play any contact sport for at least three weeks without consulting your doctor

DON'T return to driving until you feel you have recovered. If in doubt consult your doctor.

While most people recover quickly you may experience some of the following symptoms over the next few days and weeks, which don't require a return to hospital:

- Headaches
- Feelings of dizziness
- Nausea
- · Sensitivity to light or noise
- · Sexual difficulties
- Sleep disturbance
- Memory problems
- · Thinking and problem-solving

- Irritability
 - Restlessness
 - · Impulsivity and self-control problems
 - · Difficulties with concentration
 - · Feeling depressed, tearful or anxious
 - Fatigue
 - Difficulties

In most cases, these symptoms will resolve themselves within two weeks. However, in some cases, they may persist much longer. Try not to rush back into normal activities, as this may delay recovery. If you still have any symptoms after two weeks we suggest you come back to the ED and take this factsheet with you. It may be possible to seek referral to a head injury specialist such as a neurologist or neuropsychologist.

For medical advice, contact the Emergency Department on:	
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