# RETU Head Injury/Traumatic Brain Injury (TBI) Pathway

## ED Evaluation

#### Required testing prior to RETU admission

- · Non-contrast head CT
- C-Spine CT if unable to clear spine clinically
- CBC, Basic Metabolic Panel, PT/PTT
- Pregnancy test in women of childbearing age
- ALL patients with CTH showing intracranial hemorrhage MUST have a neurosurgical consult prior to RETU

#### Not appropriate for RETU

- Altered mental status that is severe or persistent
- Subdural Hematoma > 5mm thickness
- Complex Traumatic Hemorrhage (> 1 contusion + SDH
- Epidural Hematoma
- Suspicion for Non-Traumatic ICH or SAH
- Multiple (≥ 3) discrete traumatic contusions
- Currently taking systemic anticoagulation (NOAC, Warfarin, Heparin, Iovenox) or P2Y12 antagonist (clopidogrel, prasugrel, ticagrelor) for patients with ICH
- GCS < 13</li>
- New focal neurologic weakness
- Recurrent seizures
- · Basilar, depressed, or open skull fracture
- CSF leak
- INR > 1.7 or Platelets < 100
- Hemodynamic Instability, new oxygen requirement, or O2 sat < 92%</li>
- Any patient requiring drip antihypertensives

## RETU Intake Evaluation (do not repeat testing if already done in ED)

#### Exam Focus

Neuro

#### Initial Testing

- Labs: CBC, BMP, PT/PTT (others as clinically indicated)
- Imaging: NCHCT

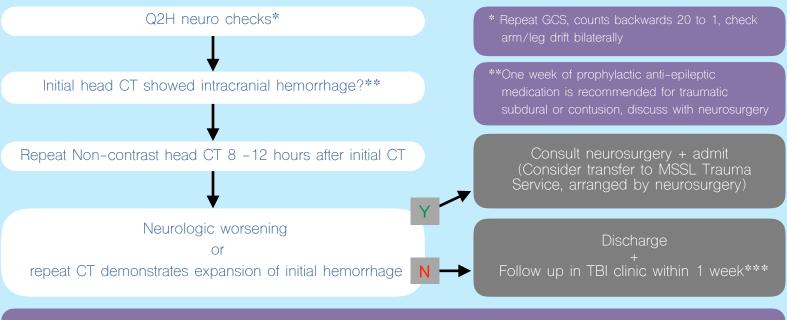
#### Monitoring

- · Continuous telemetry monitoring
- Q2H neurochecks
- Q4H vital signs

#### Consults

• Neurosurgery (if evidence of ICH)

## RETU Treatment / Evaluation



\*\*\*TBI (Rehabilitation Neuropsychology) clinic: Patient or provider can call 212-241-2221 during day time hours for appointments

## Disposition Guidelines

#### Discharge from RETU

- Neuro exam remains unchanged
- If repeat CT done, no expansion of hemorrhage
- Mental status remains baseline
- · No deterioration in clinical status
- · Cleared by consulting service

## Admission to Hospital (MSSL or MSH)

- · Hemodynamic instability
- Worsening neuro exam
- Worsening hemorrhage on CT
- Deterioration in clinical status