Key Recommendations for the Care of Adult Patients with Mild Traumatic Brain Injury

Mild traumatic brain injury (mTBI), commonly called **concussion**, affects millions of Americans each year. This injury can lead to short- or long-term problems affecting how a person **thinks**, **acts**, and **feels**. The American College of Emergency Physicians updated their clinical policy in 2023 to provide recommendations on the care of adult patients with mTBI seen in an emergency department.



Key recommendations in the Policy focus on imaging, patient education, and follow up care.

Imaging



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

Patient Education



- Provide discharge information about:
 - Rare symptoms of delayed hemorrhage
 - Typical recovery course
 - Gradual return to activity that does not worsen symptoms

Follow-Up Care



- 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



Checklist



Discharge Instructions

Putting the recommendations into practiceCDC developed free tools to help healthcare professionals use the Policy in their practice. These include:

- Checklist on diagnosis and management of mTBI
- Patient discharge instructions

