

Mild traumatic brain injury management

- [Impact of anticoagulant therapy on delayed intracranial haemorrhage after traumatic brain injury: A study on the role of repeat CT scans and extended observation](#)
 - [Sex-stratified patterns in geriatric patients with mild traumatic brain injury and intracranial bleeding: a retrospective cohort study](#)
 - [Post-Concussion Symptoms in Older Adults Following a Mild Traumatic Brain Injury](#)
 - [Influence of Social Determinants of Health on Treatment Completion for Pediatric Mild Traumatic Brain Injury in a Safety Net Hospital](#)
 - [Characteristics of traumatic brain injury-related healthcare visits across social determinants of health: A population-based birth cohort study](#)
 - [Insomnia symptoms amongst those with acute post-traumatic headache attributed to mild traumatic brain injury](#)
 - [GFAP/UCH-L1 as a Biomarker for Rapid Assessment of Mild TBI in Emergency Departments](#)
 - [Volumetric and Diffusion Tensor Imaging Abnormalities Are Associated With Behavioral Changes Post-Concussion in a Youth Pig Model of Mild Traumatic Brain Injury](#)
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□ Initial Assessment

[History & Mechanism of Injury](#)

Evaluate for [loss of consciousness](#), amnesia, vomiting, seizures, headache, intoxication, anticoagulant use, or neurological symptoms.

[Neurological Examination](#)

Perform a detailed neuro exam and screen for red flags (e.g., focal deficit, worsening headache, confusion).

[Imaging](#)

see [Computed tomography for mild traumatic brain injury](#).

□ Emergency Department Disposition

Discharge Home if:

GCS 15

Normal CT (or no indication for CT)

No worsening symptoms or comorbid risks

A responsible adult is available at home

Observation/Admission if:

CT shows abnormalities (e.g., small hemorrhages)

The patient is on [anticoagulants](#)

Significant medical comorbidities

Lack of social support or substance use concerns

□ **Outpatient Management**

Cognitive and Physical Rest (24–48 hours): Avoid screens, reading, and strenuous activity early on.

Gradual Return to Activities: Stepwise return to school, work, and sports per symptom tolerance.

Symptom Monitoring:

Headache

Dizziness

Sleep disturbances

Difficulty concentrating

Education: Explain expected course, symptom resolution, and red flags that require re-evaluation.

Follow-Up: Typically within 1–2 weeks, especially if symptoms persist.

⚠ **Red Flags for Reassessment**

Worsening headache or vomiting

Focal neurological deficits

Seizures

Confusion or altered mental status

Balance problems

□ **Post-Concussion Syndrome (PCS)**

Persistent symptoms > 4 weeks

Multidisciplinary care may include neurology, neuropsychology, physiotherapy, and vestibular rehab

□ Key Guidelines & Resources

CDC Heads Up Initiative

Brain Trauma Foundation Guidelines

Concussion in Sport Group (CISG) Consensus Statements

National Institute for Health and Care Excellence (NICE) TBI guidelines

Previous studies have indicated that there is no consensus about the management of mild traumatic brain injury (mTBI) at the emergency department (ED) and during hospital admission ¹⁾.

Management should begin with removal from risk if a concussion is suspected, and once diagnosis is made, education and reassurance should be provided. Once symptoms have resolved, a graded return-to-play protocol can be implemented with close supervision and observation for return of symptoms. Management should be tailored to the individual, and if symptoms are prolonged, further diagnostic evaluation may be necessary ²⁾.

□ Disparities and Variability in Hospital Management of Mild Traumatic Brain Injury

Disparities and Variability in Hospital Management of Mild Traumatic Brain Injury

¹⁾

Foks KA, Cnossen MC, Dippel DW, Maas A, Menon D, van der Naalt J, Steyerberg EW, Lingsma H, Polinder S. Management of mild traumatic brain injury at the emergency department and hospital admission in Europe: A survey of 71 neurotrauma centers participating in the CENTER-TBI study. *J Neurotrauma*. 2017 Apr 11. doi: 10.1089/neu.2016.4919. [Epub ahead of print] PubMed PMID: 28398105.

²⁾

Choe MC, Giza CC. Diagnosis and Management of Acute Concussion. *Semin Neurol*. 2015 Feb;35(1):29-41. Epub 2015 Feb 25. PubMed PMID: 25714865.

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