

MANAGING MILD TRAUMATIC BRAIN INJURY RECOVERY

WITH THE IMPLEMENTATION OF A LONGITUDINAL ASSESSMENT TOOL

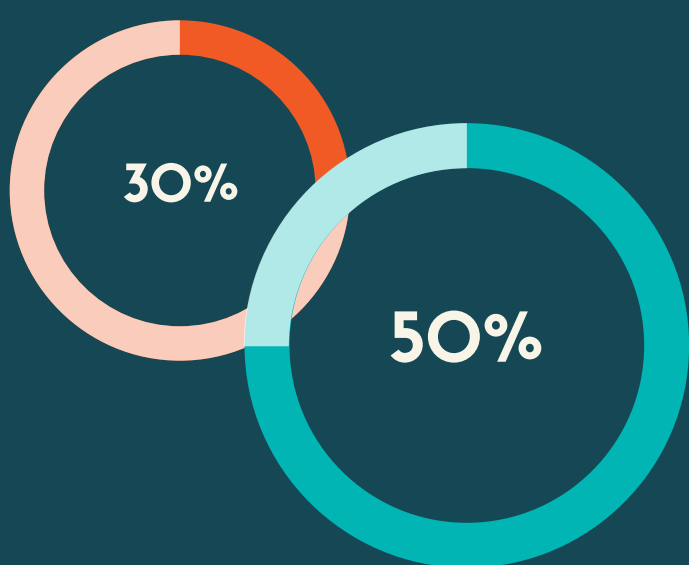
INTRODUCTION

MILD TRAUMATIC BRAIN INJURIES (MTBI) ESTIMATED THIS YEAR

EMERGENCY DEPARTMENT	600,000
UNDIAGNOSED	25-42% MORE
EST PER YEAR	MILLIONS OF PATIENTS

NURSES ARE IN A PIVOTAL POSITION TO EDUCATE THE PUBLIC, THEIR PATIENTS AND OTHER PROVIDERS ON NECESSARY STEPS TO ENSURE ADEQUATE CARE FOR A PATIENT WITH A POTENTIAL TBI

REVIEW OF LITERATURE



OF PATIENTS DIAGNOSED WITH AN MTBI, 50% SHOW DEPRESSIVE SYMPTOMS AND 30% SHOW ENDOCRINE DYSFUNCTION SUCH AS DIABETES INSIPIDUS

THE RESEARCH SHOWS THAT WITHIN A PRIOR 3-MONTH SPAN, APPROXIMATELY 90% OF HEALTHCARE PROVIDERS HAD SEEN AT LEAST 1 CONCUSSION PATIENT FOR INITIAL EVALUATION AFTER SUSPECTED INJURY (ARBOGAST ET AL, 2013).

PROTOCOL FOR SUSPECTED/LIKELY MTBI



IMMEDIATE ASSESSMENT AND DIAGNOSIS BY A PROVIDER



OBSERVATION IN ED FOR 4 HOURS OR UNTIL NON-SYMPTOMATIC



COGNITIVE REST FOR 48 HOURS IS PRESCRIBED

DISCREPINCIES IN TREATMENT PROTOCOL



ONLY 10% OF MTBI PATIENTS WERE EFFECTIVELY PRESCRIBED COGNITIVE REST



RETURN TO BASELINE CAN TAKE 3 MONTHS BUT ASSESSMENTS AFTER DISCHARGE ARE NOT TRACKED



THE MISERABLE MINORITY (5%) OF PATIENTS SAW DEBILITATING SYMPTOMS FOR >12 MO



FOLLOW UP APPOINTMENTS WERE RECOMMENDED BUT NO ACCOUNTABILITY

APPLICATION TO PRACTICE

MTBI PATIENTS WERE PERFECTLY HEALTHY PRIOR TO INJURY, SUPPORT IS NEEDED FOR PATIENT AND CAREGIVERS



MOST MTBI PATIENTS ARE CARED FOR BY FAMILY IN THE HOME



SYMPTOMS MAY OFTEN BE PSYCHOLOGICAL IN ADDITION TO SOMATIC AND COGNITIVE.

THE RELATIONSHIP WITH THE PROVIDER IS CRUTIAL FOR ACCURATE SYMPTOM ASSESSMENT AS MOST PATIENTS MAY BE UNCOMFORTABLE TALKING ABOUT DEPRESSIVE AND INTANGIBLE SYMPTOMS

CHANGE TO CLINICAL GUIDELINES



MOST PATIENTS ARE DISCHARGED SUCCESSFULLY AFTER 4 HOURS OF OBSERVATION IN ED

AFTER DISCHARGE, A MAJORITY OF PATIENTS HAVE NO FOLLOWUP ASSESSMENT BUT RESEARCH SHOWS SYMPTOMS CAN LAST 3-12 MONTHS AND DEPRESSIVE SYMPTOMS ARE SEEN IN THE MAJORITY OF PATIENTS

THE IMPLEMENTATION OF A LONGITUDINAL ASSESSMENT TOOL USED BY PHONE IS SUGGESTED



A HIPAA COMPLIANT SOFTWARE PROGRAM GENERATES A CALL SHEET FOR MTBI PATIENTS SPECIFIC TO A DESIGNATED STAFF MEMBER AT DESIGNATED INTERVALS SINCE THEIR LAST APPOINTMENT

LONGITUDINAL ASSESSMENT TOOL

mTBI Longitudinal Assessment Tool

Date:

Patient:

Time:

Response:

Staff:

Call Sequence:

Rapport Notes:

1. How have you been feeling?
2. Have you had any big life changes since we last spoke?
3. Are you still having any _____ symptoms?
4. Are you having headaches?
5. Are you having blurry or double vision?
6. Have you experienced sensitivity to light or sound?
7. Are you having Bowel Distress? Nausea? Vomiting?
8. Have you felt depressed or had any changes in mood?
9. Have you felt fatigued or lethargic since we last spoke?
10. How is your sleep? How long per night? Difficulty falling asleep?
11. Do you have trouble concentrating?
12. Have you had any trouble with remembering?
13. Do you feel like you are in slow motion in accomplishing difficult tasks?
14. Have you had any thoughts about harming yourself?
15. Is there anything you would like to discuss or questions you have?

Our next appointment will be in ___ weeks. That is around _____. Is that ok?



CALLS ARE MADE TO PATIENTS 1, 2, 3, 5, 8, AND 12 MONTHS AFTER THEIR LAST APPOINTMENT BY AN APPOINTED NURSE STAFF ASSIGNED DIRECTLY TO THIS POPULATION OF PATIENTS