Mild Traumatic Brain Injury (MTBI) Discharge Pathway

Minimum hourly clinical observation until at least 4 hours post time of injury

Clinically safe for discharge with home observation if at 4 hours post injury:
- GCS 15/15
- Alertness/ behaviour / cognition normal for patient
- Clinically improving
- CT scan normal or not indicated
- (A-WPTA Score 18/18?)

Use clinical judgement if complicating factors such as elderly &/or coagulopathy

Socially safe for discharge with home observation if:
- Responsible adult available to transport home and monitor
- Able to return if deterioration
- Discharge advice is understood

Note if social criteria are not met clinical judgement is required

Immediate concern / support required

No immediate concern

Refer to OT for follow up phone call within 72 hours and administration of Post concussion symptom inventory. OT to mail brochure if not received in DEM.

GP Referral:
All patients with MTBI should be referred to GP for follow up:
- Send discharge letter to GP office
- Request GP to follow up with patient within 3 days to 1 week (as per above guideline) if no contact from patient.
- If patient does not have a GP they may choose a practice or default to GP practice listed on handout (awaiting outcome of GP EOI)

GP Follow-up Recommendations:
- 2-3 days if – any significant clinical symptoms were recorded whilst in DEM OR Patient not feeling ‘back to normal’
- 1 week for all other MTBI patients

Community follow up:
If immediate concern on discharge for patient refer to CSRT Post Acute for in home Allied Health assessment and monitoring.

Community referral:
If ongoing concern for Post Concussion symptoms continuing for 3 or more weeks GP may refer to CSRT Allied Health for clinic assessment and monitoring.