## TBI Treatment Tiers

<table>
<thead>
<tr>
<th>Variables</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOC</td>
<td>No</td>
<td>Yes****</td>
<td>Yes</td>
</tr>
<tr>
<td>Neuro Exam</td>
<td>Normal</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Anisocoria</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Intoxication</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Coumadin, Anti-platelet, No-ACs</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Skull fracture</td>
<td>No</td>
<td>Non-displaced</td>
<td>Displaced</td>
</tr>
<tr>
<td>SDH</td>
<td>Questionable (Trace vs artifact)</td>
<td>≤ 4mm</td>
<td>Isodense or ≥ 5 mm</td>
</tr>
<tr>
<td>EDH</td>
<td>No</td>
<td>≤ 7mm</td>
<td>&gt;8 mm</td>
</tr>
<tr>
<td>IPH</td>
<td>Single location, Punctate &lt; 4mm only</td>
<td>Two locations, 4-7 mm</td>
<td>Temporal, frontal, posterior fossa, ≥ 8 mm</td>
</tr>
<tr>
<td>SAH</td>
<td>Trace</td>
<td>Localized</td>
<td>Diffuse</td>
</tr>
<tr>
<td>IVH</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Midline Shift</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Therapeutic Plan

<table>
<thead>
<tr>
<th>Admission Status</th>
<th>Floor with q4h VS &amp; neuro checks</th>
<th>ICU with q1h VS and neuro checks</th>
<th>ICU with q1h VS and neuro checks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeat CT brain</td>
<td><strong>No, unless clinical deterioration</strong></td>
<td><strong>No, unless clinical deterioration</strong></td>
<td>Yes, 12 – 24 hours</td>
</tr>
<tr>
<td>Neurosurgery Consult</td>
<td>*<strong>Yes, Non-Emergently</strong></td>
<td>*<strong>Yes, Non-Emergently</strong></td>
<td>Yes, Emergently</td>
</tr>
</tbody>
</table>

* Sedation should be held to determine baseline neurological status (unless contraindicated due to instability). This includes intermittent IV pushes. If sedation cannot be held, the patient meets criteria for Tier 3.

** Clinical deterioration is defined as, decrease in GCS, anisocoria, elevated ICP, nausea/vomiting, dizziness, and/or visual disturbances.

*** Non-emergent consults between 2200 & 0600 should be called between 0600 & 0700. Call immediately for any clinical deterioration.

**** Brief LOC without any traumatic findings and a normal neuro exam does not meet criteria for any treatment tier.