

TBI Treatment Tiers			
Variables	Tier 1	Tier 2	Tier 3
LOC	No	Yes****	Yes
Neuro Exam	Normal	Normal	Abnormal
Anisocoria	No	Yes	Yes
Intoxication	No	No	Yes
Coumadin, Anti-platelet, No-ACs	No	No	Yes
Skull fracture	No	Non-displaced	Displaced
SDH	Questionable (Trace vs artifact)	≤ 4mm	Isodense or ≥ 5 mm
EDH	No	≤ 7mm	>8 mm
IPH	Single location, Punctate < 4mm only	Two locations, 4-7 mm	Temporal, frontal, posterior fossa, ≥ 8 mm
SAH	Trace	Localized	Diffuse
IVH	No	No	Yes
Midline Shift	No	No	Yes
Therapeutic Plan			
Admission Status	Floor with q4h VS & neuro checks	ICU with q1h VS and neuro checks	ICU with q1h VS and neuro checks
Repeat CT brain	**No, unless clinical deterioration	**No, unless clinical deterioration	Yes, 12 – 24 hours
Neurosurgery Consult	***Yes, Non-Emergently	***Yes, Non-Emergently	Yes, Emergently

*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.