



Department of  
Veterans Affairs

# Quick Guide - Provider: Traumatic Brain Injury

**MIRECC**  
Mental Illness  
Research,  
Education and  
Clinical Center



Post Deployment Mental Health

The most common causes of traumatic brain injury (TBI) are falls, motor vehicle accidents, assaults/blows and explosive blasts (military). Severity ranges from “mild” - in which there is a brief change in mental state or consciousness, to “severe” - in which there is an extended period of unconsciousness or amnesia after the injury. Although not life threatening, the long term effects of even a “mild” TBI can be serious.

ICD-9 code 850.0 Concussion without LOC; ICD-9 code 850.1 Concussion with LOC up to 1 hour

## Common Symptoms Immediately After Injury

- ★ Being dazed, confused, or “seeing stars”
- ★ Losing consciousness (knocked out)
- ★ Not remembering the injury

All brain injuries are different and so is recovery. Most people with mild injuries recover fully, but it can take time. Some symptoms can last for days, weeks, or longer.

## Common Symptoms Later On

### Motor & Sensory Symptoms

- ★ Headaches
- ★ Pain
- ★ Seizures
- ★ Sleep disturbances
- ★ Dizziness
- ★ Fatigue
- ★ Spasticity
- ★ Hydrocephalus
- ★ Sensory deficits - Visual, Vestibular, Strength & Coordination

### Cognitive & Emotional Symptoms

- ★ Irritability
- ★ Impaired judgement
- ★ Decreased concentration & focus
- ★ Lability, depression
- ★ Slower thinking
- ★ Poor control over basic physical urges
- ★ Disinhibition
- ★ Physical aggression
- ★ Impulsive/disruptive behavior
- ★ Personality change
- ★ Substance abuse
- ★ No ‘filter’ on thoughts or actions

Mild TBI, commonly known as concussion, is one of the most common neurologic disorders. Early mild TBI symptoms may appear subtle, but they can lead to significant, life-long impairment in an individual’s ability to function physically, cognitively, and emotionally.

## Medical Evaluation

- ★ **Evaluate** and treat patients who present early for somatic complaints and document baseline neurological findings, including cognitive and emotional state
- ★ **Assess** the ability of the patient to return to everyday activities, such as sports, work, or operating motor vehicles

## Treatment/Clinical Management

- ★ **Educate** patients and their families about the treatment plan, expected outcomes, and the importance of avoiding substances that can worsen symptoms such as alcohol, caffeine, diet and energy supplements, and some cold medications
- ★ **Prescribe** medication, as appropriate, for significant anxiety or depression - these patients are more vulnerable to side effects, so “**start low and go slow**”

**Avoid medications that can impair cognition, cause oversedation, or diminish neuronal recovery** such as benzodiazepines, anticholinergic and antidopaminergic agents

Physicians can improve patient outcomes when mild TBI is suspected or diagnosed by implementing early treatment. Refer patients, as appropriate, when physical, emotional or cognitive symptoms interfere with normal routines and relationships.

**Resources:** **Heads Up: Brain Injury in Your Practice Tool Kit** [http://www.cdc.gov/ncipc/pub-res/tbi\\_toolkit/toolkit.htm](http://www.cdc.gov/ncipc/pub-res/tbi_toolkit/toolkit.htm)  
**Defense and Veterans Brain Injury Center** <http://www.dvbic.org/cms.php?p=Education>  
**Traumatic Brain Injury: A CME Program** [http://www1.va.gov/vhi/docs/TBIfinal\\_www.pdf](http://www1.va.gov/vhi/docs/TBIfinal_www.pdf)