

Medical Documentation of Traumatic Brain Injury

Best practice is to establish traumatic brain injury through medical documentation via hospital records and/or from a doctor or clinician who has knowledge of the Center for Disease Control (CDC) requirements for TBI. These classifications are based on a severity rating of mild, moderate and severe.

- Severe TBI is measured by loss of consciousness of greater than 24 hours,
- Moderate TBI is measured by loss of consciousness less than 24 hours.

Most often individuals who fit these classifications will have sought medical attention and therefore, the chances are greater that documentation will exist.

Mild TBI (mTBI) is a much more difficult classification to establish via medical documentation. The **conceptual definition** of mTBI (as per TNT) is an injury to the head as a result of blunt trauma or acceleration or deceleration forces that result in one or more of the following conditions:

- Any period of observed or self-reported:
 - Transient confusion, disorientation, or impaired consciousness;
 - Dysfunction of memory around the time of injury;
 - Loss of consciousness lasting less than 30 minutes.
- Observed signs of neurological or neuropsychological dysfunction, such as:
 - Seizures acutely following injury to the head;
 - Among infants and very young children: irritability, lethargy, or vomiting following head injury;
 - Symptoms among older children and adults such as headache, dizziness, irritability, fatigue or poor concentration.

In the United States, mTBI is synonymous with “concussion” (see the REAP Project in this website) Over 1.6 to 3.8 million concussions occur per year according to the CDC. Follow-up with a medical professional, either in the emergency department at the time of the injury or later by a medical clinic, varies widely. More children are not seen by a medical professional following mTBI/concussion than are – making qualification by medical documentation very difficult. The good news is that over 80% of mTBI resolve without complication or need for special education. However, when a complex concussion presents and/or a child with multiple concussions is struggling, establishing medical documentation can be nearly impossible.

The Colorado Department of Education encourages school districts to first and foremost attempt to establish the presence of a TBI via medical documentation.

NOTE:

Medical documentation simply confirms the **presence** of the TBI. It does not and cannot automatically establish the “impact” of the TBI. Confirming that an injury has occurred does not shed light upon the affect of the injury on subsequent physical, educational, behavioral, emotional, social outcome. Once medical documentation has been established, CDE requires that school teams continue to proceed through the protocol (through the Principles of RTI) to establish “educational impact”.