

The Current Ways of Thinking Mild Traumatic Brain Injury and Clinical Practice in a Trauma Hospital: A Pilot Study

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Abstract : Traumatic Brain Injury (TBI) is a major contributor to the global burden of disease; despite its ubiquity, there is significant variation in diagnosis, prognosis, and treatment between clinicians. This study aims to examine the spectrum of approaches that currently exist at a Level 1 Trauma Centre in Australasia by surveying Emergency Physicians and Neurosurgeons on those aspects of mTBI. A pilot survey of 17 clinicians (Neurosurgeons, Emergency Physicians, and others who manage patients with mTBI) at a Level 1 Trauma Centre in Brisbane, Australia, was conducted. The objective of this study was to examine the importance these clinicians place on various elements in their approach to the diagnosis, prognostication, and treatment of mTBI. The data were summarised, and the descriptive statistics reported. Loss of consciousness and post-traumatic amnesia were rated as the most important signs or symptoms in diagnosing mTBI (median importance of 8). MRI was the most important imaging modality in diagnosing mTBI (median importance of 7). 'Number of the Previous TBIs' and Intracranial Injury on Imaging' were rated as the most important elements for prognostication (median importance of 9). Education and reassurance were rated as the most important modality for treating mTBI (median importance of 7). There was a statistically insignificant variation between the specialties as to the importance they place on each of these components. In this Australian tertiary trauma center, there appears to be variation in how clinicians approach mTBI. This study is underpowered to state whether this is between clinicians within a specialty or a trend between specialties. This variation is worthwhile in investigating as a step toward a unified approach to diagnosing, prognosticating, and treating this common pathology.

Keywords : mild traumatic brain injury, adult, clinician, survey

Conference Title : ICNN 2021 : International Conference on Neurology and Neurosurgery

Conference Location : New York, United States

Conference Dates : January 28-29, 2021