**Compassion Medic/Corpsman Algorithm**

(Pre-hospital/no medical officer in the immediate area)

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**Traumatic Event or Head Injury Occurs: Concussion Possible**

- **Any red flags?**
  - Yes: Immediate provider consultation or emergent evacuation
  - No: Stop MACE, 24-hour rest period, then re-evaluate; if no symptoms, then RTD
  - Any red flags?
    - Yes: Consult provider if symptoms are present at any point
    - No: Document screening in Electronic Medical Record (EMR)

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**Initiate MACE**

- Potential concussion
  - Normal neurological exam
    - Positive symptoms or cognitive score < 25
      - Yes: Initial management with provider consultation
      - No: 24-hour rest period, refer for recurrent concussion evaluation
    - No: 24-hour rest period, then re-evaluate; if no symptoms, then RTD
  - Abnormal neurological exam
    - 3 or more concussions in the past 12 months?
      - Yes: Consult provider for possible evacuation to higher level of care
      - No: 24-hour rest period, then re-evaluate; if no symptoms, then RTD
    - 2 or more concussions?
      - Yes: Review acute concussion educational brochure with patient
      - No: 24-hour rest period, then re-evaluate; if no symptoms, then RTD
    - Mandatory 24-hour recovery
      - Review acute concussion educational brochure with patient
      - Perform exertional testing
        - Yes: Consult provider with test results for RTD determination
        - No: Follow-up as necessary
      - Communicate with line leader
        - Enter EMR note with ICD-9 codes
          - See coding tips on card S4

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Priority: Quickly assess for red flags
Concussion Management in Deployed Settings

INITIAL PROVIDER ALGORITHM
(Management of Concussion in Deployed Setting)

Traumatic Event or Head Injury Occurs: Concussion Possible A

Any red flags? G

Yes

Refer to higher level
• Specialty Services
• Neuroimaging
• Laboratory Capabilities

No

Mandatory 24-hour recovery period before RTD
• Assess for and treat any other injuries or symptoms
• If 3 or more concussions in past 12 months, refer for recurrent concussion evaluation*
• Document screening in EMR

• Confirm history of events, including any previous concussions in past 12 months
• Complete MACE if not already done
• Ensure documented 3-part MACE results in EMR

New concussion

No new concussion

Symptoms H

or MACE cognitive score < 25?

Yes

Symptoms persist after 7 days or after exertional testing?

Yes

Perform exertional testing. F

Yes

Symptoms present?

No

Consider NCAT per DCoE clinical recommendation J

Abnormal

Normal or not performed

Re-assess: symptoms H present?

Yes

No

No

Consult with higher level of care
• Screen for acute stress F and consult with combat stress team
• Continue concussion and combat stress management for up to 21 days if improving, otherwise evacuate to higher level of care
• If symptoms resolve, proceed with exertional testing F

*See Recurrent Concussion Algorithm (Page 4)

• If 1st concussion in past 12 months, 24-hour recovery
• If 2nd concussion in the past 12 months, mandatory 7-day recovery period following symptom resolution before RTD
• If 3rd concussion in the past 12 months, refer for recurrent concussion evaluation

• Enter note in EMR
• Ensure communication with line leadership
Concussion Management in Deployed Settings

**COMPREHENSIVE CONCUSSION ALGORITHM**
(Referral to military treatment facility with neuroimaging capabilities)

- Confirm concussion diagnosis
- Review records
- Perform comprehensive exam

**CT indications**

- Yes: Perform CT Scan
  - Acute abnormality on CT?
    - Yes: Neurosurgery or neurology consult, consider evacuation to higher level of care
    - No: Symptoms present?
      - Yes: Review acute concussion educational brochure with service member if not done previously, treat symptoms, specialty referral as indicated (combat stress team, neurology, ENT, PT, vision, balance, etc.), re-evaluate at least every 48 hours up to 30 days if improving (while under the care of a multidisciplinary team), consider NCAT per DCoE clinical recommendation
      - No: Symptom resolved?
        - Yes: Perform exertional testing
        - No: Symptoms return?
          - Yes: Consider functional assessment, consider NCAT per DCoE clinical recommendation
          - No: Abnormal

- No: Symptom normal?
  - Yes: Consider functional assessment, consider NCAT per DCoE clinical recommendation
  - No: If 1st concussion in past 12 months, mandatory 24-hour recovery period, if 2nd concussion in the past 12 months, mandatory 7-day recovery period following symptom resolution before RTD, if 3rd concussion in the past 12 months, refer for recurrent concussion evaluation

*See Recurrent Concussion Algorithm (Page 4)
**Recurrent Concussion Evaluation**  
(three or more documented in 12-month span)

1. Comprehensive neurological evaluation by neurologist or otherwise qualified provider  
   - Review of prior concussion history with focus on timeline or resolution of symptoms  
   - Assessment of symptoms (face-to-face interview by provider)  
     Consider:  
     - Neurobehavioral Symptom Inventory \( ^E \)  
     - Acute Stress Reaction questionnaire \( ^F \)  
     - Balance assessment \( ^M \)

2. Neuroimaging per provider judgement

3. Neuropsychological assessment by psychologist  
   - Evaluate: attention, memory, processing speed and executive function  
   - Perform a psychosocial and behavioral assessment  
   - Include measure of effort  
   - Consider NCAT per DCoE clinical recommendation \( ^I \)

4. Functional assessment \( ^L \) completed by occupational therapy/physical therapy

5. Neurologist (or qualified provider) determines RTD status
Traumatic Event or Head Injury Occurs: Concussion Possible

A Mandatory Events Requiring Concussion Evaluation:
1. Any service member in a vehicle associated with a blast event, collision or rollover
2. Any service member within 50 meters of a blast (inside or outside)
3. Anyone who sustains a direct blow to the head
4. Command directed — such as, but not limited to, repeated exposures

B Medic/Corpsman Algorithm Red Flags:
1. Witnessed loss of consciousness (LOC)
2. Two or more blast exposures within 72 hrs
3. Unusual behavior/combative
4. Unequal pupils
5. Seizures
6. Repeated vomiting
7. Double vision/loss of vision
8. Worsening headache
9. Weakness on one side of the body
10. Cannot recognize people or disoriented to place
11. Abnormal speech

C Medic/Corpsman Algorithm Symptoms:
(Persisting beyond initial traumatic event)
1. Headache
2. Dizziness
3. Memory problems
4. Balance problems
5. Nausea/vomiting
6. Difficulty concentrating
7. Irritability
8. Visual disturbances
9. Ringing in the ears
10. Other

D Medic/Corpsman Initial Management of Concussion:
1. Give acute concussion educational brochure to all concussion patients, available at: www.DVBIC.org
2. Reduce environmental stimuli
3. Mandatory 24-hour recovery period
4. Aggressive headache management
   - Use acetaminophen q 6 hrs x 48 hrs
   - After 48 hours may use naproxen prn
5. Avoid tramadol, Fioricet, excessive triptans and narcotics

E Available Resources (www.DVBIC.org):
• Acute Stress Reaction Questionnaire
• Acute Concussion Educational Brochure
• Neurobehavioral Symptom Inventory
• Line Leader Fact Sheet
• Coding Guidance
• DCoE NeuroCognitive Assessment Tool (NCAT) Recommendation
**Exertional Testing:**

1. Exert to 65-85% of target heart rate (THR=220-age) using push-ups, sit-ups, running in place, step aerobic, stationary bike, treadmill and/or hand crank
2. Maintain this level of exertion for approximately 2 minutes
3. Assess for symptoms (headache, vertigo, photophobia, balance, dizziness, nausea, visual changes, etc.)
4. If symptoms/red flags exist with exertional testing, stop testing, and consult with provider

**Provider Algorithm Red Flags:**

1. Progressively declining level of consciousness
2. Progressively declining neurological exam
3. Pupillary asymmetry
4. Seizures
5. Repeated vomiting
6. Clinically verified GCS < 15
7. Neurological deficit: motor or sensory
8. LOC > 5 minutes
9. Double vision
10. Worsening headache
11. Cannot recognize people or disoriented to place
12. Slurred speech
13. Unusual behavior

**Provider Algorithm Symptoms:**

1. Confusion (24 hours)
2. Irritability
3. Unsteady on feet
4. Vertigo/dizziness
5. Headache
6. Photophobia
7. Phonophobia
8. Sleep issues
9. LOC > 5 minutes
10. Double vision
11. Worsening headache
12. Slurred speech
13. Unusual behavior

**Primary Care Management (PCM):**

1. Give acute concussion educational brochure to all concussion patients, available at: www.DVBIC.org
2. Reduce environmental stimuli
3. Mandatory 24-hour recovery period
4. Aggressive headache management
   - Use acetaminophen q 6 hrs x 48 hrs
   - After 48 hours may use naproxen prn
5. Avoid tramadol, Fioricet, excessive triptans and narcotics
6. Consider nortriptyline q HS or amitriptyline q HS for persistent headache (> 7 days). Prescribe no more than 10 pills.
7. Implement duty restrictions
8. Address any sleep issues. Ambien 10mg po QHS may be considered for short-term (2 weeks) sleep regulation
9. Pain management if applicable
10. Send consult to TBI.consult@us.army.mil for further guidance if needed
11. Consider evacuation to higher level of care if clinically indicated
12. Document concussion diagnosis in EMR

TBI.consult@us.army.mil is a Department of Defense email consultation service provided by DVBIC to assist deployed clinicians with the treatment of TBI and RTD decisions.
DCoE NeuroCognitive Assessment Tool (NCAT) Recommendation:

Current DoD policy is that all service members must be tested with a neurocognitive assessment tool (NCAT) prior to deployment. Among several tests that are available, the DoD has selected the Automated Neuropsychological Assessment Metrics (ANAM) as the NCAT to use for both pre-deployment baseline testing and for post-concussion assessment in theater. Detailed instructions for administering a post-injury ANAM are provided at www.DVBIC.org.

For ANAM baseline results send requests to ANAM.baselines@amedd.army.mil

CT Indications:

1. Physical evidence of trauma above the clavicles
2. Seizures
3. Vomiting
4. Headache
5. Age > 60
6. Drug or alcohol intoxication
7. Coagulopathy
8. Focal neurologic deficits


Functional Assessment:

Assess the service member’s performance of military-relevant activities that simulate the multi-system demands of duty in a functional context. Selected assessment activities should concurrently challenge specific vulnerabilities associated with mTBI including cognitive (such as executive function), sensorimotor (such as balance and gaze stability), and physical endurance. Rehabilitation providers should not only evaluate the service member’s performance but also monitor symptoms before, during and after functional assessment.

The Balance Error Scoring System (BESS - Modified):

Stand on flat surface, eyes closed, hands on hips in 3 positions:
1. On both feet (20 seconds)
2. On one foot (20 seconds)
3. Heel-to-toe stance (20 seconds)

For each position, score 1 point for any of the following errors:
1. Stepping, stumbling or falling
2. Opening eyes
3. Hands lifted above the iliac crests
4. Forefoot or heel lifted
5. Hip moved > 30 degrees flexion or abduction
6. Out of test position > 5 seconds

Score 10 points if unable to complete

Definition of Concussion:

Anyone who has had a direct blow to the head, blast exposure or other head injury followed by at least one of the following (even momentarily):

- Alteration of Consciousness (AOC)
  - Having their "bell rung," being dazed/confused or "seeing stars"
- Loss of Consciousness (LOC)
  - Temporarily blacked out
- Post-Traumatic Amnesia (PTA)
  - Memory loss

Coding Tips:

1. Primary code (corpsman/medics require co-sign)
   - 850.0 - Concussion without LOC
   - 850.11 - Concussion with LOC ≤ 30 min.
2. Personal history of TBI in Global War on Terror (GWOT)
   - V15.52_2 - Injury related to GWOT, mild TBI
3. Symptom codes
   - As appropriate
4. Deployment status code
   - V70.5_5 - During deployment encounter
5. Screening code for TBI
   - V80.01
6. External cause of injury code (E-code)
   - E979.2 (if applicable) - Terrorism involving explosions and fragments

Key Algorithm Directives:

- Personnel are required to use the algorithms to treat concussion in the deployed setting
- Mandatory event-driven protocols for exposure to potentially concussive events
  - Requires a medical evaluation and minimum 24-hour rest period
- All sports and activities with risk of concussion are prohibited until after a 24-hour rest period
- Military Acute Concussion Evaluation (MACE) documentation will address all 3 MACE parts
- Service members diagnosed with concussion will be given the acute concussion educational brochure available at: www.DVBIC.org
- Specific protocols for anyone sustaining ≥ 2 concussions within 12 months

MACE Documentation

Document using the mnemonic “CNS”

1. Cognitive score
2. Neurological exam reported as normal or abnormal
3. Symptoms reported as present or absent

If a head injury event or AOC/LOC/PTA is not reported, then a concussion has not occurred. The MACE is stopped because the cognitive portion is not valid in non-concussed patients. Evaluate and treat any other symptoms or injuries, and document the event in the EMR. The MACE score should be reported as N/A.

Repeat MACE Tips:

- Repeating the MACE’s Cognitive Exam with a different version (A-F) may be used to evaluate acute concussion recovery; however, a physical exam and symptom assessment must accompany any repeated cognitive exam. Providers should be mindful of other factors affecting the MACE cognitive score such as sleep deprivation, medications or pain.

For additional copies or information call 1.866.966.1020 or email info@DVBIC.org