

CDC

Pediatric TBI Guideline

Breaking the long silence on clinical guidelines for diagnosing and managing pediatric concussions, the CDC recently came up with a **set of recommendations for healthcare providers on pediatric TBIs**.

Here are the major **Do's and Don'ts** when it comes to diagnosing and managing pediatric TBIs (or concussions):

DO's

- ✓ Use validated, age-appropriate computerized cognitive testing as a component of the TBI diagnosis.
- ✓ Use a combination of tools (symptom scale, cognitive testing, balance testing) and risk factors to assess recovery in children with TBI.
- ✓ Counsel patients and families on concussion signs, symptoms, injury prevention, and recovery expected time.
- ✓ Understand that each child's recovery from TBI is unique and will follow its own trajectory based on risk factors and premorbid conditions.
- ✓ Customize children return-to-school protocols based on the severity of their post-concussion symptoms.

DON'Ts

- ✗ Routinely obtain skull radiographs, CTs, or MRIs for diagnostic purposes in children with TBI.
- ✗ Use biomarkers outside of a research setting for the diagnosis of children with TBI.
- ✗ Hesitate on referring children with TBI whose symptoms do not resolve as expected, for appropriate assessment or interventions.
- ✗ Recommend complete inactivity beyond 3 days after the injury as they may worsen symptoms.
- ✗ Fail to assess the extent of social support (ie, emotional, informational, instrumental, and appraisal) available to children with TBI.

All guidelines are based on current evidence and systematic review of literature.

jamanetwork.com/journals/jamapediatrics/article-abstract/2698456

