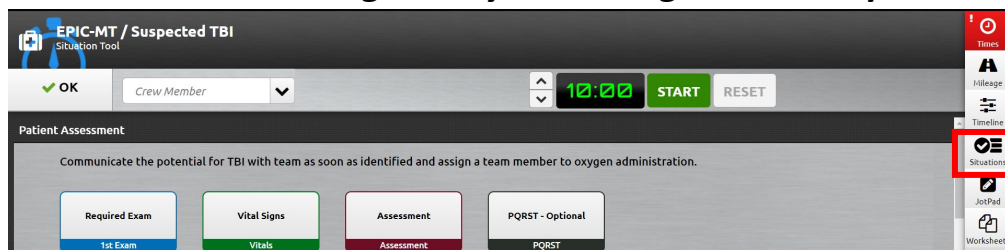# Traumatic Brain Injury (TBI) Documentation

For your ePCR to be classified as an **TBI Patient**, one or more of the following must be true:

- Provider primary/secondary impressions indicates head injury (documented via **Patient Assessment → Symptoms Impression**)
    - Injury – Head injury, Unspecified (S09.90)
    - Injury - Concussion/head injury with LOC (S06.0X9A)
    - Injury - Concussion/head injury without LOC (S06.0X0A)

    - *The following codes are accepted (including all sub-codes): S09.90, S02, S04.02, S04.03, S04.04, S06, S07.1, T74.4*

QI Measures for TBI patients

1. TBI: Total GCS Documented- *GCS is under Vitals and is very important data for TBI patients. GCS should be reassessed every 5 minutes for unstable patients or 15 minutes for stable patients*.
2. TBI: HR Documented
3. TBI: RR Documented
4. TBI: SBP Documented
5. TBI: SpO2 Documented
6. TBI: Blood Glucose Documented
7. TBI: Dextrose administration for BG <70 mg/dL- *Must document in Medications section with time administered noted*
8. TBI: Oxygen Administration- *Must document in Medications section with time administered noted*
9. TBI: Oxygen Administration within 1 minute
10. TBI: No Hypotension
11. TBI: No Hypoxia
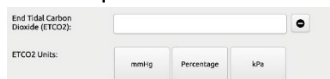12. TBI: No Hyperventilation for patients with PPV- *Must document capnography under Vitals and PPV under Procedures*

TBI Situation Tool – *guides you through the EPIC protocol*

NOTE: Data entered via situation tool or power tool can only be edited in the power tool. Access to edit is via Timeline or Situations

Vital Signs (GCS, HR, RR, SBP, SpO2, ETCO2)

- Enter via Form (**Provider actions→ Vitals**) OR **Vitals Power Tool**
- **EPIC H-Bombs**
    - **Pulse Oximetry**: Avoid Hypoxia- maintain SpO2 above 90%
    - **Systolic Blood Pressure**: Avoid Hypotension – Maintain SBP above 90 mmHg
    - **Capnography**: Avoid Hyperventilation – Maintain ETCO2 above 35 mmHg (target 35-45 mmHg)
        - **5%-6%** or **4.0-5.7 kPa** is equivalent to 35-45mmHg

Blood Glucose Level

- ❖ Enter via Form (**Provider actions→ Vitals**)
- ❖ Enter via Vitals Power Tool

Blood Glucose Level: [   ] ⊖

Blood Glucose Other: [High] [Low]

Positive Pressure Ventilation (3 ways to document)

- ❖ Medication administration- Oxygen with Route = BVM
- ❖ Enter via **Provider Actions → Airway Confirmations** *(Enter any non-null value for Airway device being confirmed)*
- ❖ Enter via **Provider actions→ Procedure**

Airway
[+ Add Another] [✔ OK]   [✗ Cancel]

Date/Time Airway Device Placement Confirmation: [01/26/2024] [14:24:01] 🕓 ⊖

Airway Device Being Confirmed: [✗ Endotracheal Tube ▼] ☰ ⊖

- o Airway – Assist Ventilation – Bag Valve Mask (BVM) (425447009)
- o Airway – Assist Ventilation, intubated– BVM via tube (243140006)
- o Airway, advanced – Ventilator – PEEP (45851008)
- o Intubation – Supraglottic Airway Insertion (427753009)
- o Intubation - Laryngeal Mask Airway (LMA) Insertion (424979004)
- o Intubation – Esophageal Bougie (44806002)
- o Intubation – Esophageal Tracheal Combitube (429705000)
- o Intubation – Oral (232674004)
- o Intubation – Oral Awake (232675003)
- o Intubation – Oral using fiberoptics (232678001)

- o Intubation – Oral via LMA (418613003)
- o Intubation – Nasotracheal (232679009)
- o Intubation – Nasal Blind (232681006)
- o Intubation – Nasotracheal Fiberoptic (232682004)
- o Intubation – Nasotracheal Awake (232680007)
- o Intubation – Medication Assisted Airway (429734006)
- o Intubation – Retrograde (397892004)
- o Intubation– Using Exchange Catheter (397874007)
- o Intubation - Rapid Sequence Induction RSI (Two Medics) (241689008)

Additional Procedures to document:

- ❖ Airway – ETCO2 Monitoring
- ❖ Airway, advanced – ETCO2 Capnography
- ❖ IV Start- (several options) **(IV/IO Power Tool)**
- ❖ IO Start-Intraosseous Access **(IV/IO Power Tool)**

NOTE: There is NOT a place to put the capnography VALUE under Procedures. It must be entered under the Vitals tab.

Medication Administration- Oxygen, Dextrose

- ❖ Enter Medication Administration (INCLUDING Oxygen) via Form (**Provider actions→ Medications**) or **Meds PowerTool. DO NOT document medications in the narrative only!!!!**

Medication
[+ Add Another] [✔ OK]   [✗ Cancel]

Date/Time Medication Administered: [10/25/2022] [12:19:35] 🕓 ⊖

Medication Administered Prior to this Units EMS Care: [No] [Yes] ⊖

Medication Crew (Healthcare Professionals) ID: [✗ GRAHAM, SHARI ▼] ☰ ⊖

Role/Type of Person Administering Medication: [✗ Paramedic ▼] ☰ ⊖

Medication Given: [✗ Oxygen ▼] ☰ ⊖

Medication Administered Route: [✗ Inhalation ▼] ☰

Medication Dosage: [2] ⊖

Medication Dosage Units: [✗ Liters Per Minute (l/min [fluid]) ▼] ☰ ⊖

Response to Medication: ❗ [Improved] [Unchanged] [Worse] ⊖

Medication Complication: ❗ [Find a Value...] ☰ ☰ ⊖

USE PERTINENT NEGATIVE VALUES where needed

[Not Applicable] [Not Recorded]

[Contraindication Noted] [Denied By Order] [Medication Allergy]

[Medication Already Taken] [Refused] [Unable to Complete]