APPENDIX C: DISCHARGE CRITERIA, INSTRUCTION & FOLLOW-UP

Discharge Criteria for Montana Big 1

The patient may be discharged if the following criteria are met:

Neurological status is stable (GCS = 15, no new or worsening deficits)

Symptoms are improving or well controlled

No evidence of clinical deterioration during observation

CT head shows findings within Montana BIG 1 criteria or no acute findings

No need for immediate surgical or neurosurgical intervention

The patient has a safe home environment and reliable support system

Discharge Instructions and Follow-up for Montana BIG 1 Patients

Return to the ER Immediately for Any of the Following:

- Worsening or severe headache not relieved by acetaminophen
- Repeated vomiting (more than once)
- Increasing confusion, unusual behavior, or difficulty waking up
- New or worsening weakness, numbness, or coordination problems
- Slurred speech or vision changes
- Seizures
- Any loss of consciousness
- Clear fluid draining from nose or ears

Follow-Up Recommendations:

- Schedule follow-up with Primary Care Provider (PCP) or Tele-Neuro/Trauma Clinic within 7 days
- Referral to Physical Therapy, Occupational Therapy, and/or Speech Therapy for evaluation and guidance on:
    - Return-to-work criteria
    - Return-to-school readiness
    - Cognitive and physical rehabilitation needs

Imaging:

- Repeat head CT only if symptoms worsen or new neurological symptoms develop (Not routinely required if stable and improving)

Activity & Recovery Tips:

- Rest physically and mentally for the next 24-48 hours
- Avoid strenuous activity, contact sports, and driving until cleared by provider
- Gradually return to daily activities as tolerated
- Limit screen time, bright lights, and noise if sensitive
- Stay hydrated and eat light, nutritious meals