Appendix E: Resources & Follow-Up Guidance for Primary Care Providers For MT-BIG 1 Patients with Mild Traumatic Brain Injury (TBI)

What is MT-BIG 1?

Montana BIG 1 criteria identify low-risk TBI patients with specific CT findings who are clinically stable and appropriate for observation or discharge from a Critical Access Hospital without transfer. These patients still require careful outpatient follow-up to ensure safe recovery.

Your Role as the Primary Care Provider

Primary care providers are essential in monitoring recovery and identifying delayed or worsening symptoms in MT-BIG 1 patients. Patients and families rely on you for education, symptom tracking, and coordination of additional services.

Follow-Up Timeline

Timeframe	Recommended Action
Within 1 week	In-person follow-up visit with PCP
1–2 weeks	Repeat assessment if symptoms persist or worsen
Ongoing	Additional visits as needed based on clinical recovery and therapy needs

What to Monitor During Follow-Up Visits

1. Neurological Status

- Headache (new, worsening, or persistent)
- Dizziness or balance issues
- Vision or hearing changes
- Confusion or slowed thinking
- Memory or concentration difficulty
- New or worsening weakness, numbness, or coordination issues
- Sleep disturbances

2. Functional Recovery

- Return to work or school readiness
- Fatigue level and energy tolerance
- Emotional/behavioral changes (e.g., anxiety, irritability)

3. Red Flag Symptoms – Immediate Re-Evaluation or ER Referral

- Worsening or severe headache not relieved by OTC medication
- Repeated vomiting
- New focal neurologic signs (e.g., weakness, slurred speech)
- Seizures
- Confusion, agitation, or difficulty waking
- Any loss of consciousness since discharge

Recommended Referrals

- Therapy Services:
  - PT: for balance, gait, and physical fatigue
  - OT: for daily activity challenges and cognitive rehab
  - Speech Therapy: for communication, memory, or attention issues
- Tele-Neuro/Trauma Clinic *(if available through your facility)*:
  - For guidance on complex symptoms or delayed recovery
  - Especially helpful if patient had minor findings on imaging

Imaging Notes

- Repeat head CT is not routinely needed unless:
  - Neurologic symptoms worsen
  - New signs suggest intracranial progression
  - Directed by a consulting trauma/neuro provider

Additional Resources

- CDC TBI Patient & Provider Resources: https://www.cdc.gov/traumaticbraininjury