
TRAUMATIC BRAIN INJURY SCREENING – NATIONAL VA CLINICAL REMINDER

(For decision process, see Flow Chart below.)

Section 1: The veteran experienced the following events during OIF/OEF deployment:

- Blast or Explosion – IED (improvised explosive device), RPG (rocket propelled grenade), Land Mine, Grenade, etc.
- Vehicular accident/crash (any vehicle, including aircraft)
- Fragment wound or bullet wound above the shoulders
- Fall

Section 2: The veteran had the following symptoms immediately afterwards:

- Losing consciousness/"knocked out"
- Being dazed, confused or "seeing stars"
- Not remembering the event
- Concussion
- Head injury

Section 3: The veteran states the following problems began or got worse afterwards:

- Memory problems or lapses
- Balance problems or Dizziness
- Sensitivity to bright light
- Irritability
- Headaches
- Sleep problems

Section 4: The veteran relates he/she is currently having or has had the following symptoms within the past week:

- Memory problems or lapses
- Balance problems or dizziness
- Sensitivity to bright light
- Irritability
- Headaches
- Sleep problems
FLOW CHART: TRAUMATIC BRAIN INJURY SCREENING IN VETERANS OF OPERATION ENDURING FREEDOM (OEF) AND OPERATION IRAQI FREEDOM (OIF)

- Veteran presents to Department of Veterans Affairs (VA) Medical Center.
  - Separation date after 9/11/01?
    - NO → Screen not needed.
    - YES → VA TBI Screening Clinical Reminder activated.
  - Service in OEF or OIF?
    - NO → Screen not needed. Reminder satisfied.
    - YES → Prior diagnosis of TBI in OEF/OIF?
      - NO → Wants or needs assistance from TBI team?
        - NO → Refusal documented. Reminder satisfied. Pursue follow up at future visits.
        - YES → Positive answer in each set of questions?
          - NO → Screen negative. Reminder satisfied.
          - YES → Positive screen.
  - Results discussed by clinical staff member with veteran.
  - Patient agrees to further evaluation?
    - NO → Refusal documented. Reminder satisfied. Pursue follow up at future visits.
    - YES → Consult generated. Reminder satisfied.
      - Identified service receives consult. Initiates contact with patient within 5 working days.
      - Able to contact patient?
        - NO → Offer evaluation by designated specialists who have been trained in evaluation protocol.
          - NO → Patient accepts evaluation?
            - NO → Refusal documented.
            - YES → Evaluation completed by designated specialists using National protocol.
              - Definitive diagnosis established. Follow up plan arranged.
        - YES → 2 additional telephone calls followed by certified letter
          - Efforts documented.
            - Able to contact patient?
              - NO → NO
              - YES →