

Speech Therapy/Cognitive Evaluations

Purpose: To define patient populations which necessitate a cognitive evaluation in the setting of a Traumatic Brain Injury

Indications:

- Anyone with TBI (minimal, mild, moderate, severe) should have a cognitive evaluation ordered
- Patients with disorders of consciousness should have a standardized evaluation of level of consciousness
- Positive loss of consciousness alone should not trigger an order for a cognitive evaluation

If the patient is medically ready for discharge, and the only barrier to discharge is a cognitive evaluation, the following inclusion/exclusion criteria should be utilized:

A cognitive evaluation may be deferred if:

1. The patient has baseline dementia requiring supervision (excluded if they live independently)
2. GCS 15 upon arrival and throughout hospitalization (regardless of LOC status)

A cognitive evaluation should be done if:

1. the patient is enrolled in any type of school (high school, college, etc)
2. the patient is exhibiting any concussive symptoms: tinnitus, headache, diplopia, nausea/vomiting, repetitive questioning

If a patient with TBI is discharged prior to obtaining a cognitive evaluation:

1. Schedule them in trauma APP clinic in 14 days and TBI clinic in 3 months. If patient reports any cognitive deficits at clinic visit, the patient should be referred for outpatient speech-language/cognitive evaluation
2. Give patient TBI outpatient resources handout

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