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Concussion Screening Tools within the Emergency Department: A Literature Review
Bethany Meyer
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Background: Concussions, what are also referred to as mild traumatic brain injuries (MTBI), account for 85% of all brain injuries and have an annual incidence of 3.8 million within the United States.

Objectives: To address this issue, a literature review was preformed to determine what concussion screening tools exist and what protocols emergency departments have to implement them. The review also addressed the potential long-term effects of patient not being screened.

Method: This is a systematic literature review determining what concussion screening tools are implemented in the emergency department. Inclusion criteria for the articles used in this paper were that the material had to be written in English, only include Emergency Departments, and articles that were peer-reviewed research. Articles were included if they contained concussion screening tools and techniques implemented.

Results: Of the articles relevant to this research analysis, it appears concussion protocol and tool assessment is provider dependent and not yet universal. Many institutions rely on multiple screening tools, while others use basic assessment or use the tool fitting the patient presentation. Other institutions rely on targeted protocol to assess for concussions, given an individual’s presentation and initial assessment. It was determined that misdiagnosis can occur if the wrong screening tool is being implemented incorrectly or is inappropriate for patient presentation. When concussions are not screened for the patient will not be aware of how to manage the concussion, which can lead to longer healing time and potentially persistent post concussion syndrome (PCS).

Conclusion: Concussion screening tools are varied with many institutions using multiple types for concussion diagnosis. Screening tool choice is becoming more standardized with increased research of concussions. Further research is needed to determine what screening tool is most effective.