

Supplementary Data

SUPPLEMENTARY TABLE S1. AMERICAN COLLEGE OF EMERGENCY PHYSICIANS/CENTERS FOR DISEASE CONTROL (ACEP/CDC)
JOINT PRACTICE GUIDELINE

Loss of consciousness or post-traumatic amnesia?

<i>Yes</i>	<i>No</i>
Noncontrast head CT is <u>indicated</u> for ^b : <ul style="list-style-type: none">● Headache● Vomiting● > 60 years of age● Drug or alcohol intoxication● Deficits in short-term memory● Physical evidence of trauma above clavicle● Post-traumatic seizure● GCS < 15● Focal neurologic deficit● Coagulopathy	Noncontrast head CT should be <u>considered</u> for ^c : <ul style="list-style-type: none">● Focal neurologic deficit● Vomiting● Severe headache● >65 years of age● Physical signs of basilar skull fracture● GCS < 15● Coagulopathy● Dangerous mechanism of injury (ejection from motor vehicle, pedestrian struck by motor vehicle, or fall from >3 feet or >5 stairs)

^aIndications for noncontrast head CT in nonpenetrating head trauma for patients ≥ 16 years of age presenting to emergency department within 24 h of injury, no multi-system trauma, and admission GCS of 14 or 15.⁴¹

^b“Generally accepted principles for patient management that reflect a high degree of clinical certainty (i.e., based on strength of evidence Class I or overwhelming evidence from strength of evidence Class II studies that directly address all of the issues).”⁴¹

^c“Recommendations for patient management that may identify a particular strategy or range of management strategies that reflect moderate clinical certainty (i.e., based on strength of evidence Class II studies that directly address the issue, decision analysis that directly addresses the issue, or strong consensus of strength of evidence Class III studies).”⁴¹

CT, computed tomography; GCS, Glasgow Coma Scale.