ACUTE CONCUSSION CARE PATHWAY
INFORMATION FOR PROVIDERS

Traumatic Brain Injury Center of Excellence

PROVIDERS

The Acute Concussion Care Pathway is one of the DHA Director's Quadruple Aim Performance Plan projects. The intent is to equip providers with state-of-the-science tools to standardize concussion assessment and care across the MHS. It is supported by the DHA Procedural Instruction 6490.04 which establishes the infrastructure to ensure patients achieve optimal concussion clinical outcomes.

ACC Pathway

Potentially Concussive Event

If deployed, report exposure to JTAPIC as soon as operational conditions permit

Perform MACE 2 and clinical assessment as close to the time of injury as possible*

Concussion diagnosed?

Yes

- Initiate 24-hour SIQ/Quarters
- Document primary TBI diagnostic code, S06.ELSE

No

- Instruct follow-up with PCM as needed
- If deployed, initiate mandatory 24-hour SIQ/Quarters (per DODI 6490.11)

Perform Initial Concussion Management

Follow up 24–72 hours later!*

- **Initiate Progressive Return to Activity (PRA)*.**
- **Review instructions for progression, provide the Patient and Leadership Guide (PLG), and enter chit/profile into patient's record.**
- **Track patient reported outcomes using the Neurobehavioral Symptom Inventory (NSI).**

Why 24–72 hour follow-up? Following up 24 hours after initial assessment is recommended to provide patient education, set recovery expectations, and review the PRA. Due to potential scheduling limitations, the DHA extended the follow-up window to 72 hours.

QPP Aims

- Improved Readiness
- Better Health
- Better Care
- Lower Cost

*Specific components of the ACC Pathway that should be clearly documented in the EHR

REPORTING REQUIREMENTS IN THE DEPLOYED SETTING

Accurate reporting of potentially concussive events is imperative to prevent and mitigate the impact of traumatic brain injury on service members. Through the examination of deployed incidents from medical, intelligence, operational, and material viewpoints, the DOD can act rapidly to develop products, best practices, and policies to ensure warfighter brain health and performance.

WHICH BRAIN EXPOSURES REQUIRE REPORTING?

All service members involved in a potentially concussive event require reporting to JTAPIC (Joint Trauma Analysis and Prevention of Injury in Combat). PCEs include:

- Direct blow to the head or witnessed loss of consciousness
- Involvement in a vehicle blast event, collision, or rollover
- Presence within 50 meters of a blast
- Exposure to more than one blast event

HOW DO I REPORT A SERVICE MEMBER'S PCE EXPOSURE?

Report exposure through JINCS (JTAPIC Information and Collaboration System) by following these steps:

1. Request access at jincs.army.mil.
2. During registration, click "Module Request" button, and select "Request" by JCERS (JTAPIC Concussive Event Reporting System).
3. Save and submit.
4. Once JTAPIC staff approves access, login to JINCS and click on the "JCERS" option in the left menu.
   Note: A JCERS user guide can be referenced under "System Documents"
5. Click on "New JCERS" to input service member and PCE details into the data fields.
6. Submit when complete.

WHICH DETAILS ABOUT THE PCE SHOULD I REPORT?

JCERS data fields align with the minimum reporting requirement outlined in DOD policy (e.g., PCE date and time, distance from blast). To assist in better identifying, monitoring, and mitigating brain exposures, it is recommended that you include the following additional details*:

- Whether MACE 2 or another acute concussion evaluation was completed within 24 hours of PCE
- Whether patient was coded for PCE exposure (using concussion screening code Z13.850) or mTBI diagnosis (using S06 concussion diagnostic codes)
- When medical follow-up appointment occurred
- Whether a Progressive Return to Activity protocol was initiated
- Rationale for and location of TACEVAC, if applicable

*Can be documented in the Disposition Justification free text box within JCERS.

DHA Defense Health Agency ®

Released June 2023 | Revised: April 2024 by the Traumatic Brain Injury Center of Excellence
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