

Definition: CT diagnoses based on a combination of reports taken from radiographic CT results within FIRST SEVEN DAYS of Injury.

If CT not done, code CT Status as "0 - No". All subsequent items in Sections A, B, and C will auto-fill as "88 - CT Not Done".

If CT scan/reports were done but are unavailable, code CT Status as "99 - Unknown". All subsequent items in Sections A, B, and C will auto-fill as "99 - Unknown".

_____ **MRI used. No CT's available:** *VA PRC TBIMS VARIABLE ONLY*

0 - No; 1 - Yes; 99 - Unknown

_____ **CT status:**

0 - CT Not Done; 1 - CT Done; 99 - Unknown

Date of CT Date/MRI Scan: ____/____/____

08/08/8888 - Scans Not Done/Available; 09/09/9999 - Date Unknown

A. EXTENT OF INTRACRANIAL COMPRESSION

Guidelines:

- If Shift is > 5 mm, code (4). Include: "Herniation".
- If shift is < 5 mm, then look for cistern compression.
- If cisterns ARE compressed tight or filled with subarachnoid hemorrhage, code (3).
- If there is no cisternal compression, look for degree of shift.
- If shift is 1-5 mm, or if shift is "mild" or "minimal" code (2).
- If intracranial compression is < 1 mm or ventricles compressed without shift, or if shift is "trace" or "slight" code (1).
- If extent of shift or cisternal compression is not specified, code (5).

_____ **Extent of compression:**

- 1 - No Visible Intracranial Compression;
- 2 - Cisterns Are Present But Midline Shift is Noted of 1-5 mm.;
- 3 - Cisterns Compressed or Absent With Midline Shift of 0-5 mm. Compression;
- 4 - Midline Shift of Greater Than 5 mm.;
- 5 - Extent Not Specified;
- 88 - CT Not Done;
- 99 - Unknown

B. INTRACRANIAL HEMORRHAGE AND / OR CONTUSIONS

Guidelines:

- All "probable" diagnoses code as present, all "possible" or "may be present" diagnoses should prompt search in previous and subsequent scans for confirmation. If no confirmation, do not code as present.
- Blood in ambient, basal, interpeduncular cisterns or cisterna magna is subarachnoid hemorrhage.
- Hemorrhage noted along ventriculostomy tract should not be coded as present.

_____ **1. Intracranial hemorrhage and/or contusions, extra-axial collections:**

- 0 - No Visible Pathology (code all remaining items in section B "0 - No")
- 1 - Yes, Pathology Exists;
- 88 - CT Not Done;
- 99 - Unknown

Note: If no pathology is visible, code items B. 2 - 7 below as "0 - No".

Specify all that apply

_____ **2. Punctate/Petechial hemorrhages:**

- 0 - No; 1 - Yes; 88 - CT Not Done; 99 - Unknown

_____ **3. Subarachnoid hemorrhage:**

- 0 - No; 1 - Yes; 88 - CT Not Done; 99 - Unknown

_____ **4. Intraventricular hemorrhage:**

- 0 - No; 1 - Yes; 88 - CT Not Done; 99 - Unknown

B. INTRACRANIAL HEMORRHAGE AND / OR CONTUSIONS (continued)

Note: If no pathology is visible (item 1. on previous page), code all remaining items for sections B as "0 - No".

- Hemorrhagic and non-hemorrhagic contusions should be included.
- A lesion read as "infarct" should also be coded as a contusion.

FOCAL CORTICAL PARENCHYMAL CONTUSIONS OR HEMORRHAGE IN CEREBRAL CORTEX

0 - No; 1 - Yes; 88 - CT Not Done; 99 - Unknown

- For readings such as "temporal-parietal", "parietal-occipital" or "frontal-parietal" contusions, both locations should be specified.

- | | | |
|----------------------------|-----------------------------|--------------------------------|
| _____ 5a1. Left frontal: | _____ 5a2. Right frontal: | _____ 5a3. Lat. N/S frontal: |
| _____ 5b1. Left temporal: | _____ 5b2. Right temporal: | _____ 5b3. Lat. N/S temporal: |
| _____ 5c1. Left parietal: | _____ 5c2. Right parietal: | _____ 5c3. Lat. N/S parietal: |
| _____ 5d1. Left occipital: | _____ 5d2. Right occipital: | _____ 5d3. Lat. N/S occipital: |
| _____ 5e1. Left loc. N/S: | _____ 5e2. Right loc. N/S: | _____ 5e3. Lat. N/S loc. N/S: |

FOCAL NON-CORTICAL PARENCHYMAL CONTUSIONS (NON-HEMORRHAGIC OR HEMORRHAGIC) OR HEMORRHAGE

0 - No; 1 - Yes; 88 - CT Not Done; 99 - Unknown

Locations for non-cortical contusions include... Basal ganglion (putamen, globus pallidus, caudate); Brainstem; Centrum semiovale; Cerebellum; Corpus callosum; Internal and external capsules; Midbrain; Pons; Subcortical white matter; Thalamus

- | | | |
|------------------|-------------------|----------------------|
| _____ 6a1. Left: | _____ 6a2. Right: | _____ 6a3. Lat. N/S: |
|------------------|-------------------|----------------------|

PRESENCE OF ANY EXTRA-AXIAL COLLECTION

0 - No; 1 - Yes; 88 - CT Not Done; 99 - Unknown

- Includes "hematomas" and "hygromas".
- Hygromas should be classified in the "subdural" category.
- Falcine and tentorial hemorrhages are coded separately below.

- | | | |
|---|---|--|
| _____ 7a1. Left epidural: | _____ 7a2. Right epidural: | _____ 7a3. Lat. N/S epidural: |
| _____ 7b1. Left subdural
(non-falcine): | _____ 7b2. Right subdural
(non-falcine): | _____ 7b3. Lat. N/S subdural
(non-falcine): |
| _____ 7c1. Left loc. N/S: | _____ 7c2. Right loc. N/S: | _____ 7c3. Lat. N/S loc. N/S: |
| _____ 7d1. Falcine/tentorial subdural hemorrhage: | | |
| _____ 7d2. Falcine/tentorial subarachnoid hemorrhage: | | |
| _____ 7d3. Falcine/tentorial hemorrhage unspecified: | | |

C. INTRAPARENCHYMAL FRAGMENTS

- Surgical clips or coils by themselves, code (0).
- If fragments are not mentioned, assume that they are not present and code (0).
- "Minimally displaced" or "non-displaced" skull fractures, code (0).
- Metallic fragments that are extracranial (scalp) will be noted in most radiology reports but would be coded (0) unless also - intraparenchymal.
- Code only intraparenchymal fragments present, code (1).
- Fractures displaced > 2 mm, code (1).

Intraparenchymal fragments:

0 - No Fragment(s); 1 - Yes Fragment(s); 88 - No CT done; 99 - Unknown