Travis M post to week 5 discussion 1

This case is a 19-year-old male with 12 years of education who has worked in the field of construction successfully for the past two years. His girlfriend stated that he is often inattentive; she finds that he “spaces out” when they are talking and she frequently has to repeat information to him. He was involved in a car accident 6 months prior and sustained a very brief loss of consciousness, but his Glasgow Coma Scale at admission to the ED was 15/15. There was no evidence of pre- or post-traumatic amnesia.

For this week, our lesson requires the discussion us take on the role of the clinician, while choosing a case listed in scenario form. I will discuss the 19-year-old male, who was involved in a car accident 6 months prior.

Identify the patient’s symptoms and the available demographic and historical data.

       In this scenario, the patient is 19 years of age, with two years of experience in construction work. Also, this patient has experienced a brief loss of consciousness (due to a car accident) and has completed the Glasgow Coma Scale. For symptoms, often, this patient tends to be inattentive. For example, he is guilty of being spaced out during conversations. Moreover, his girlfriend has found herself repeating information to him.

Discuss your differential diagnosis and provide a thorough basis for any diagnoses you have included.

            In my opinion, this patient shows signs of mild to moderate traumatic brain injury (TBI). From the reading of this scenario, one would believe that the patient is suffering from a concussive or closed-head injury. However, let us learn what a closed-head injury is capable of doing. According to Carlson & Birkett (2017), “closed-head injury can damage more than the cerebral cortex at the point of the coup and contrecoup. Bundles of axons can be torn and twisted, blood vessels can be ruptured, and cerebrospinal fluid can distort the walls of the ventricles” (p. 15.3). Moreover, this type of injury can be followed by seizures (several months after injury). On the other hand, according to Galgano, Toshkezi, Qiu, Russell, Chin & Zhao (2017), “concussive injuries are often viewed as mild TBIs without any gross structural damage secondary to a nonpenetrating TBI. They usually follow direct blows to the head with subsequent acceleration/deceleration forces taking place” (para. 5).

Determine what (if any) additional testing you would order and how this would be helpful in clarifying the diagnosis.

            Indeed, I would need to order additional tests (such as the computerized tomography [CT] scan, magnetic resonance imaging [MRI], and the functional magnetic resonance imaging [fMRI]). Although the Glasgow Coma Scale is effective in determining initial severity of a brain injury, the CT, and MRI should be used for diagnostic purposes. For example, in a quick manner, the CT can uncover evidence of bleeding, blood clots, and bruised tissue in the brain. Next, the MRI may be used after stabilization of the condition, or if no improvement occurs after injury. I will, however, mention the fMRI (a relatively new technique). This technique can lead to early diagnosis. According to Iraji, et al. (2015), “advanced magnetic resonance imaging (MRI), particularly functional MRI (fMRI), has been reported as being sensitive to functional disturbances after brain injury” (para. 1).

Finally, explain recommendations for the patient/family for ongoing functioning (social, occupational and academic, if applicable).

       In dealing with a TBI patient (whether mild to severe), family should understand the facts regarding TBI, and be available to assist these patients with the injury, and so on. Although rehabilitation for the affected individual is available, the patient should remember that repetition is critical to rehabilitation as the brain heals, get plenty of rest, refrain from drugs and alcohol, attempt to avoid another blow or jolt to the head, and so on.

Carlson, N. R., & Birkett, M. A. (2017). [Physiology of behavior](https://ashford.instructure.com/courses/72891/external_tools/retrieve?display=borderless&url=https%3A%2F%2Fcontent.ashford.edu%2Flti%3Fbookcode%3DCarlson.0505.17.1) (12th ed.) [Custom edition]. Retrieved from [https://content.ashford.edu (Links to an external site.)](https://content.ashford.edu/)

Galgano, M., Toshkezi, G., Qiu, X., Russell, T., Chin, L., & Zhao, L. R. (2017). Traumatic Brain Injury: Current Treatment Strategies and Future Endeavors. Cell transplantation, 26(7), 1118–1130. [https://doi.org/10.1177/0963689717714102 (Links to an external site.)](https://doi.org/10.1177/0963689717714102)

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