BRAIN INJURY CHECKLIST FOR PSYCHIATRISTS
This is an aide-mémoire for psychiatrists assessing a patient with acquired brain injury. It assumes a standard psychiatric assessment. Use the list below to check any additional information required.

HISTORY OF INJURY
- Date, cause, nature and severity
- Associated injuries
- Intoxication at injury
- Lowest Glasgow Coma Scale
- Length of coma (ventilated?)
- Length of hospitalisation
- Retrograde & post traumatic amnesia
- Death or injuries of others from accident
- Investigations
  - CT/MRI/EEG
- Neurosurgical intervention (eg. shunt)
- Treatments, rehabilitation and advice received
- Previous brain injury?

SYMPTOMS AND SIGNS

Physical
- Smell
- Vision
- Hearing
- Speech / Intelligibility
- Swallowing (choking)
- Pain
  - Neck and back symptoms
  - Headaches
  - Other
- Gait
- Weakness / Spasticity
- Dizziness / Balance
- Epilepsy (type, frequency and time post injury)
- Other disturbances of consciousness
- Adverse effects of medication, movement disorder
- Skin / Autonomic

Cognitive
- MMSE
- Conscious level (? fluctuating)
- Perceptual neglect

Cognitive (cont.)
- Dysexecutive - organisational ability
- Mental capacity
  (consent to treatment / Management of property & affairs)

Communication / Thinking
- Verbal, non-verbal and social skills
- Confabulation
- Perseveration

Behavioural
- Drive / motivation / fatigue
- Compliance
- Disinhibition
- Perseverative behaviour
- Wandering / Abscording
- Irritability / Aggression
- Disruptive / Noisy

Emotional
- Dysphoria
- Lability / emotionalism
- Catastrophic reaction
- PTSD symptoms

ACTIVITIES OF DAILY LIVING

Personal
- Mobility
- Eating and drinking
- Continence
- Washing and dressing

Domestic
- Cooking
- Laundry
- Shopping
- Money management

Community
- Ability to use transport
- Fitness to drive
- Leisure

Available support
- Relatives / friends
- Headway
- Day centres
  - Social worker / benefits / legal representation

RISK IDENTIFICATION

- Self-harm
- Assault / violence / threat to others
- Criminal behaviour / fire risk
- Sexually inappropriate behaviour
- Alcohol / drug misuse

- Potential for exploitation by others
- Wandering, falling or choking
- Awareness of danger / Road safety
- Family cohesion
- Able to self medicate

May 2001
UK Brain Injury Psychiatrists Group