

National Institute for Health and Clinical Excellence

Head Injury (update)
Stakeholder Comments

Please enter the name of your registered stakeholder organisation below.

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Stakeholder Organisation:		Faculty of Intensive Care Medicine		
Name of commentator:				
Order number <i>(For internal use only)</i>	Document Indicate if you are referring to the Full version or the Appendices	Page Number Number only (do not write the word 'page/pg'). Alternatively write ' general ' if your comment relates to the whole document.	Line Number Number only (do not write the word 'line'). See example in cell below	Comments Please insert each new comment in a new row. Please do not paste other tables into this table, as your comments could get lost – type directly into this table.
Example	Full	16	45	Our comments are as follows
Proformas that are not correctly submitted as detailed in the line above may be returned to you				
1	Full	24	24	Although the document refers to other anticoagulants later in the text and the lack of evidence regarding their risks following head injury, would it be useful in the key recommendations to raise concern regarding these agents?
2	Full	62	31	Although the document refers to other anticoagulants later in the text and the lack of evidence regarding their risks following head injury, would it be useful in the key recommendations to raise concern regarding these agents?
3	Full	67	15	There are no examples in the new guidelines of agreed 'surgically significant abnormalities' despite recommendations dating to 2003. The SBNS recommendations are for all patients requiring emergency neurosurgery to be transferred to the neurosciences centre. Should these guidelines mirror the SBNS recommendations along with all severe head injuries being transferred independent of the need for neurosurgery?
4	Full	67	30	This should be changed to national recommendations are for transfer and avoid separate local negotiations
5	Full	68	37	If 'hyperventilation' is mentioned it should be clear that this should be to low normal range (4KPa). The risks of hypocarbia should be emphasised.
6	Full	74		Although published after these guidelines were reviewed there is no mention of the RAIN study looking at variation in outcome between non-neurosurgical centres and neurosurgical centres (and between

				neurosurgical centres). This should be in the key research recommendations to establish the reasons for such variation. The major trauma clinical reference group recommends automatic acceptance of patients that exceed local capabilities. The impact of this on neurosurgical units should also be studied.
7	Full	81		There is no mention of pupillary assessment or lateralising signs to aid prediction of the presence of intracranial injury
8	Full	157	12	There is no guidance for management of patients when the CT neck has been reported as showing no radiological injury. Continued use of the cervical collar in such circumstances risks pressure areas, raised intracranial pressure and higher rates of ventilator associated pneumonia. Even if restricted to care in the emergency department, clear guidance on collar removal should be provided.
9	Full	176	26	If 'hyperventilation' is mentioned it should be clear that this should be to low normal range (4KPa). The risks of hypocarbia should be emphasised.
10	Full	195	1	A rehabilitation prescription must now be provided for all major trauma patients (including head injuries) with an injury severity score >8 who are treated in a major trauma centre
11	Full	85	9	No mention is made of the value or not of hyperosmolar solutions during the pre-hospital or inter-hospital transfer of patients.
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15				
16				

Please add extra rows as needed

Please email this form to: head_injury@nice.org.uk

Closing date: 5pm on 4 October 2013

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.