

Emergency Department Management of Traumatic Head Injury and Concussion

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Head injury is a common presentation and there is increased interest in the management of concussion as well as its possible long-term effects. The consensus statement on concussion from the 5th international conference held in Berlin, October 2016 states that concussion may be caused by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.

We audited the quality of head injury and concussion management in the Emergency Department pre- and post- introduction of a standardised assessment proforma and an updated patient advice leaflet. The head injury management proforma includes the NICE guidelines on head injury management, the SCAT5 symptom score and a brief vestibular-ocular dysfunction screen. Our updated head injury and concussion advice leaflet includes specific advice on recovery and symptom management.

This was a retrospective study of 50 patients pre-intervention in June 2019 and 33 patients post-intervention in March 2021. Maxims electronic patient records and Microsoft Excel were used to collate injury management data. Pre-intervention data assessed recording of NICE guidelines, if CT scan was indicated / performed, time to CT scan and provision of head injury advice. Post-intervention data assessed use of the new proforma, if CT scan was indicated / performed, time to CT scan and provision of the new advice leaflet.

Summary of pre- v post-intervention findings are as follows: Full NICE criteria recorded (26% v 66%), CT performed when indicated (87% v 100%), CT performed in recommended time (13% v 71%), and written head injury / concussion advice provided to patient (38% v 72%).

In a busy clinic, time constraints mean that recording of the clinical assessment and advice provided is often difficult. The focus can be on indications for CT scanning, with less consideration given to how concussion symptoms should be managed. Introduction of the proforma and advice leaflet moves assessment towards a more complete and standardised approach to head injury management and improved patient care. There was good initial clinician compliance with a new care pathway which would also be useful in the primary care setting.

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References:

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