

Adult Traumatic Brain Injury Pathway – notes for interpretation

CT Scan

1. Following NICE and SIGN guidelines the patient should have a CT scan within **1 hour** if they have one or more of the following:
 - GCS < 13 or <15 2hrs post head injury
 - open/depressed fracture
 - more than 1 episode of vomiting
 - post traumatic seizure
 - sign of basal skull fracture
 - focal neurological deficit

The patient should have a CT scan within **8 hours** if they have one or more of the following:

- Patient 65yrs or more **and** has loss of consciousness or amnesia
- 30 minutes or more of retrograde amnesia of events before head injury
- History of bleeding or clotting disorder
- Dangerous mechanism injury
- Patient on anti-coagulant therapy

Normal imaging

2. If the patient has a **normal image** but has one or more of the following symptoms they should be referred to Neurosurgery:
 - Persistent coma
 - Unexplained confusion persists for more than 4hr
 - Progressive focal neurological signs
 - Seizure without full recovery
 - Definite/suspected penetrating injury

If the patient has a **normal image** and does not have any of the above symptoms **but** has other injuries, social problems, or cannot be supervised by a reasonable adult they should be admitted to a non neuroscience ward.

If the patient has a **normal image** and has no other symptoms the **local minor head injuries discharge policy** should be followed.

3. Admission should follow the locally derived admission policy.
4. Rehabilitation should be considered for those patients admitted to a non neuroscience unit.

See www.sabin.cot.nhs.uk for TBI service information.

5. Prior to discharge a referral to rehabilitation should be considered.

