

National Institute for Health and Clinical Excellence

Review of Clinical Guideline (CG27) – Head injury

Stakeholder Comments

Please enter the name of your registered stakeholder organisation below. NICE is unable to accept comments from non-registered organisation or individuals. If you wish your comments to be considered please register via the [NICE website](#) or contact the [registered stakeholder organisation](#) that most closely represents your interests and pass your comments to them.

Stakeholder Organisation: British Society of Rehabilitation Medicine

Name of commentator: Dr JPS Burn

Do you agree with the proposed review decision? Yes the Guideline needs updating

If no, please add any reasons/comments in the box below

If there are any areas excluded from the original scope that you feel need to be addressed in any update decision, please write these in the box below

Clinical Area 1

There is uncertainty as to when antiplatelet/anticoagulant drugs can be safely restarted in such situations and the use of heparin for DVT prophylaxis

Clinical Area 3

It may not be appropriate to use 'severe disability' as measured by the Glasgow Outcome Scale as an outcome for decision making tools designed to limit treatment in 'hopeless cases'. Many patients categorised as such may still be ambulant and independent in almost all personal care.

To be clinically useful prognostic markers should have almost 100% predictive value for positive or negative outcomes. Statistical correlations are insufficient to make clinical decisions

Clinical Area 5

The time window for s100 measurement is a major drawback. With minor TBI, as against severe TBI, long term outcome is dependent on psychological rather than physical variables ie the person rather than the injury. Identification of patients with poor prior coping ability, comorbidities, marked emotional reaction (particularly PTSD), in a demanding life situation or with disturbed illness perception is probably more important than quantifying cerebral injury

Clinical Area 6

PCS is not specific to minor TBI and clinicians following up such patients must be equipped to disentangle causative factors; there is a risk otherwise of iatrogenic amplification of post concussional symptoms. The manner of the injury is prognostically significant. Patients who pursue litigation or who experience the fall of an object on their head are more likely to have continuing problems

Clinical Area 7

It would be useful to compare outcomes between specialised and unspecialised rehabilitation centres

Other

Insufficient analysis of prognostic indicators after minor TBI.

If there are any equality issues relevant to the guideline that you do not feel

have been adequately addressed please write these in the box below

Older patients with haemorrhagic TBI are not well served by current rehabilitation facilities.

Please add extra rows as needed

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

Closing date: 5pm on 09 March 2011

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.