

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

Circular HSC (SQSD) (NICE) 33/08 CG 56

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**

Chief Executives of HSS Boards – **for distribution to:**
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Directors of Nursing
Directors of Pharmaceutical Services
Directors of Primary Care – for cascade to prescribing and GP
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Chief Executives of HSC Trusts – **for distribution to:**
Medical Directors – for cascade to relevant staff
Directors of Nursing – for cascade to relevant staff
Directors of Pharmaceutical Services – for cascade to relevant
staff

Date: 3 July 2008

General Practitioners

HSC Clinical and Social Governance Leads

Chief Executives of HSC Special Agencies and NDPBs

For Information

Chairs of HSS Boards
Chairs of HSC Trusts
Chief Executive, Regulation & Quality Improvement Authority
Chief Officers HSC Councils
Chief Executive/Postgraduate Dean, NIMDTA
Chief Executive, NIPPET
Chief Executive, NIPEC
Chief Executive, RMSC

Dear Colleagues

NICE Clinical Guideline No 56 – Head Injury

The guideline covers best practice advice on the care of adults, children (aged 1-15 years) and infants (under 1 year) who present with a suspected or confirmed traumatic head injury with or without other major trauma. The guideline offers advice on the management of patients with a suspected or confirmed head injury who may be unaware that they have sustained a head injury because of intoxication or other causes. The primary patient

outcome of concern throughout the guideline is 'clinically important brain or cervical spine injury'. For the purposes of this guideline, clinically important brain or cervical spine injury is defined as any acute condition that has been identified by imaging or by assessment of risk factors. This update covers the following:

- The benefits of transporting patients with head injuries to a neurosciences unit compared to an emergency department.
- The benefits of secondary transfer of patients.
- The best imaging tool for identifying patients with head and cervical spine injuries.
- The best clinical prediction rule for selecting patients with head injuries or cervical spine injuries for the imaging tool selected.
- Evidence on harm associated with radiation to the head and/or spine.
- Identification of patients who should be referred to rehabilitation services following the initial management of a head injury.

The guideline does not provide advice on the management of patients with other traumatic injury to the head (for example, to the eye or face). The guideline will not address the rehabilitation or long-term care of patients with a head injury but will provide criteria for the early identification of patients who would benefit from rehabilitation.

The guideline also provides advice on the following:

- Pre-hospital assessment, advice and referral to hospital.
- Immediate management at the scene and transfer to hospital.
- Assessment in the emergency department.
- Imaging practice and the involvement of the neurological department.
- Discharge and follow-up.
- Admission and observation.

DHSSPS advises that this guidance is valid for Northern Ireland and endorses it as good practice guidance for the HSC sector.

The full clinical guideline is available for download at:

<http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11836>

The HSC sector also should note that;

1. The Department expects the HSC sector to take account of this guidance in their delivery of services to patients with traumatic head injury.
2. The Department recognises that implementation of the guidance may not be immediately fully achievable; however, the majority of the recommendations should be regarded as best practice guidance by HSC;
3. This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case;

4. NICE has developed tools to help organisations implement this guidance. These are available at <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11836> and include costing tools, implementation advice and audit criteria to monitor local practice;
5. This guidance will be updated by NICE as required.

All NICE guidance endorsed by the Department to date can be accessed on the DHSSPS website at <http://www.dhsspsni.gov.uk/sqsd-guidance-nice-guidance>

Circular HSS (PPMD) (NICE)01/006 issued on 30 June 2006 provides further information on the Northern Ireland process for reviewing NICE guidance and further details on the local status of the Institute's guidance. This circular can be accessed at: http://www.dhsspsni.gov.uk/nice_guidance_01-06.pdf



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