**Abbreviated guide for the management of Traumatic Brain Injury (TBI)**

**during the COVID-19 pandemic**

This is a guide on how the management of neurotraumatic conditions may be streamlined and rationalised during periods of extreme pressures to essential needs only. This guide can inform and support, *not replace*, clinical judgement.

This guide is themed on:

*‘At a time of resource limitation, the likelihood of potential benefit occurring in the head injured patient in front of you has to be greater than others needing similar care and resources.’ (adapted from NHSE/SBNS specialty guide 19/3/2020)*

This guide synthesizes:

⚫ NHSE/SBNS specialty guide 19/3/2020, ⚫ NICE Head Injury CG176, ⚫ QEHB Neurosurgery Department

discussions & consensus

**HEAD INJURY REFERRALS**

To improve the timeliness and efficiency of receiving and responding to patients referred with TBI, a reference card of key information needed has been developed (embedded).

This is circulated to our referring hospitals by Division 5 and the BBBCH&W Trauma Network. It is provided to referrers on NORSe at the time such referrals are made.

**MANAGEMENT OF HEAD INJURED PATIENTS AT REFERRING HOSPITALS**

Once referred and advised that a patient with a head injury can be observed locally in the referring hospital, NICE Head Injury guideline applies with regard to Admission, Observation, Repeat CT and Discharge. Excerpts have been produced to aid local teams (embedded).

This has been circulated to local trauma leads by the BBBCH&W Trauma Network and can be offered to a referrer via NORSe.

***The specific advice below is produced as an easy-reference guide for QE Consultants taking these referrals and circulated internally (embedded). Decision-making for each patient must be refined with the***

***Age-GCS`P-CT Prognostication Charts and Clinical Frailty Scale provided in the easy-reference guide.***

**EXTRA-AXIAL HAEMATOMAS WITH MASS EFFECT**

*Young/Middle-aged & Fit+well:*Transfer and evacuate as per established time-critical protocols

*Young/Middle-aged & Significant underlying conditions:*Consider if potential benefit justified before treating

*Elderly & Fit+well:* Consider if potential benefit justified before treating

*Elderly & Significant underlying conditions:* Unlikely that potential benefit of treatment justified

**COMPOUND SKULL FRACTURE**

*Young/Middle-aged & Fit+well:* Transfer and wash-out +/- elevate if necessary

*Young/Middle-aged & Significant underlying conditions:*Local washout and scalp closure

*Elderly & Fit+well:* Local washout and scalp closure

*Elderly & Significant underlying conditions:* Local washout and scalp closure

**MILD TBI (without significant extra-axial haematoma)**

*Young/Middle-aged & Fit+well:*Follow NICE Head Injury guideline

*Young/Middle-aged & Significant underlying conditions:*Local observation

*Elderly & Fit+well:* Consider early discharge in care of an adult

*Elderly & Significant underlying conditions:* Encourage early discharge in care of an adult

**MODERATE TBI (without significant extra-axial haematoma)**

*Young/Middle-aged & Fit+well:*Transfer and observe

*Young/Middle-aged & Significant underlying conditions:*Consider if potential benefit justified before transfer

*Elderly & Fit+well:* Local observation

*Elderly & Significant underlying conditions:* Unlikely that potential benefit of transfer justified

**DIFFUSE AXONAL INJURY**

*Young/Middle-aged & Fit+well:*Transfer and neuroprotect with ICP monitoring

*Young/Middle-aged & Significant underlying conditions:*Consider admitting locally for serial CTs

*Elderly & Fit+well:* Consider admitting locally for serial CTs

*Elderly & Significant underlying conditions:* Unlikely that potential benefit of treatment justified

**DEVASTATING BRAIN INJURY**

*Young/Middle-aged & Fit+well:*Consider ITU admission and assessment of survivability as per NHSE Guideline

*Young/Middle-aged & Significant underlying conditions:*Rapid decision of futility and withdrawal of care

*Elderly & Fit+well:* Rapid decision of futility and withdrawal of care

*Elderly & Significant underlying conditions:* Rapid decision of futility and withdrawal of care

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