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.

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<tr>
<th>Stakeholder Organisation:</th>
<th>Faculty of Intensive Care Medicine</th>
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<th>Order number (For internal use only)</th>
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<th>Comments</th>
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<td>Indicate if you are referring to the Full version or the Appendices</td>
<td>Page Number only (do not write the word 'page/pg'). Alternatively write 'general' if your comment relates to the whole document.</td>
<td>Line Number only (do not write the word 'line'). See example in cell below</td>
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<td>Example</td>
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<td>Our comments are as follows ……</td>
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**Proformas that are not correctly submitted as detailed in the line above may be returned to you**

1. Full 24 24 Although the document refers to other anticoagulants later in the text and the lack of evidence regarding their risks following head injury, would it be useful in the key recommendations to raise concern regarding these agents?

2. Full 62 31 Although the document refers to other anticoagulants later in the text and the lack of evidence regarding their risks following head injury, would it be useful in the key recommendations to raise concern regarding these agents?

3. Full 67 15 There are no examples in the new guidelines of agreed ‘surgically significant abnormalities’ despite recommendations dating to 2003. The SBNS recommendations are for all patients requiring emergency neurosurgery to be transferred to the neurosciences centre. Should these guidelines mirror the SBNS recommendations along with all severe head injuries being transferred independent of the need for neurosurgery?

4. Full 67 30 This should be changed to national recommendations are for transfer and avoid separate local negotiations

5. Full 68 37 If ‘hyperventilation’ is mentioned it should be clear that this should be to low normal range (4KPa). The risks of hypocarbia should be emphasised.

6. Full 74 Although published after these guidelines were reviewed there is no mention of the RAIN study looking at variation in outcome between non-neurosurgical centres and neurosurgical centres (and between
neurosurgical centres). This should be in the key research recommendations to establish the reasons for such variation. The major trauma clinical reference group recommends automatic acceptance of patients that exceed local capabilities. The impact of this on neurosurgical units should also be studied.

7 Full 81 There is no mention of pupillary assessment or lateralising signs to aid prediction of the presence of intracranial injury.

8 Full 157 12 There is no guidance for management of patients when the CT neck has been reported as showing no radiological injury. Continued use of the cervical collar in such circumstances risks pressure areas, raised intracranial pressure and higher rates of ventilator associated pneumonia. Even if restricted to care in the emergency department, clear guidance on collar removal should be provided.

9 Full 176 26 If ‘hyperventilation’ is mentioned it should be clear that this should be to low normal range (4KPa). The risks of hypocarbia should be emphasised.

10 Full 195 1 A rehabilitation prescription must now be provided for all major trauma patients (including head injuries) with an injury severity score >8 who are treated in a major trauma centre.

11 Full 85 9 No mention is made of the value or not of hypertonic solutions during the pre-hospital or inter-hospital transfer of patients.

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

Closing date: 5pm on 4 October 2013

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