Introduction:
Head injury is the commonest cause of death and disability in people aged 1-40 years in the United Kingdom. This study evaluated whether we were appropriately using NICE Guidelines to assess head injury patients by performing CT head.

Methods:
A single centre retrospective study was carried out looking at patients attending the Emergency Department in August 2019 with suspected head injury. 102 patients were identified using iCare and data collection was completed using FirstNet and PACs.

Results:
Total of 102 patients fit the criteria out of which 40 patients had CT head. 20 out of 40 patients fit the criteria for CT head as per NICE guidelines. Mean time to be triaged in ED was approximately 25 minutes. Mean time to be seen after triage was approximately 2 hours. CT head performed within 1 hour of request was 36%. CT head performed within 1 hour of triage was 7%. CT head reported within 1 hour was 75%.

Conclusion:
This retrospective study showed that doctors and nurses are not compliant with the NICE guidelines as 50% of CT head were not warranted. CT head was not being performed within the 1st hour of head injury presentation: delay of approximately 2-hour 20minutes between triage and assessment by a medical practitioner. 75% of data suggest CT head was being reported within 1 hour, which is compliant with NICE guidelines. Moreover, it was impossible to say whether some of the risk factors such as vomiting, seizures or LOC was not assessed or merely not documented. This data suggested that an intervention is required to improve the documentation process and compliance of doctors and nurses in order to improve the delays between triage, assessment and performing CT head. Furthermore, the cost of unwarranted CT scans and patients being exposed to unnecessary radiation could be reduced. Hence, we are implementing two quality improvements projects in order to address the above issues.

References: