

10<sup>th</sup> International Conference on  
**Neuroscience and Neurochemistry**  
&6<sup>th</sup> International Conference on **Vascular Dementia** February 27-March 01, 2017**Project to improve management following a head injury for acute medical admissions and reduce CT head requests as per NICE guidance****Nisha Rajcoomar, F Coath, S Ikidde, V Gorur and A Qureshi**  
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**Introduction:** Head injury is a common presentation to A&E accounting for 1.4 million attendances each year. Most patients require only head injury advice and no radiological intervention. Inappropriate CT head scans leads to unnecessary radiation exposure and significant expense to the NHS. NICE have produced guidelines for head injury management and criteria for a CT head scan.

**Objectives:** Objectives of this study are to: Assess management of head injury in acute medical patients and use of CT head scanning against NICE guidance and; put in place interventions to improve compliance with NICE guidance and reduce unnecessary CT head scanning

**Method:** In the initial audit, a total of 26 patients' cases were reviewed over a period of one month. Adult patients aged 16 years and over attending A&E with a head injury were audited. Data was collected by reviewing medical documentation and the imaging IMPAX system. Following the initial audit three interventions were put in place: Teaching sessions to junior medical staff around the management of head injury as per NICE guidance; sign posting to trust head injury protocol and; printed summary NICE guidance head injury pathway next to A&E staff computers. Following these interventions, re-audits were performed as per the method mentioned above.

**Results:** In the initial audit, 13 out of 26 patients met the criteria for a CT head. A total of 13 (50%) of 26 patients had a CT head scan despite not meeting NICE head injury criteria. Following the 1st intervention, the number of CT head scans that did not meet NICE criteria fell to 11 (42%) out of 26. Following interventions 2nd & 3rd, the number of inappropriate CT head scans fell further to only 7 (27%) out of 26 patients.

**Conclusion:** The current management of acute medical patients with head injury showed that many CT head scans were requested inappropriately and did not fit NICE criteria. Following several interventions, we improved the knowledge of junior medical staff, compliance with NICE head injury guidance and criteria for CT head scans, resulting in a reduction of inappropriate CT head scans from 50% to 27%.

**Biography**

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