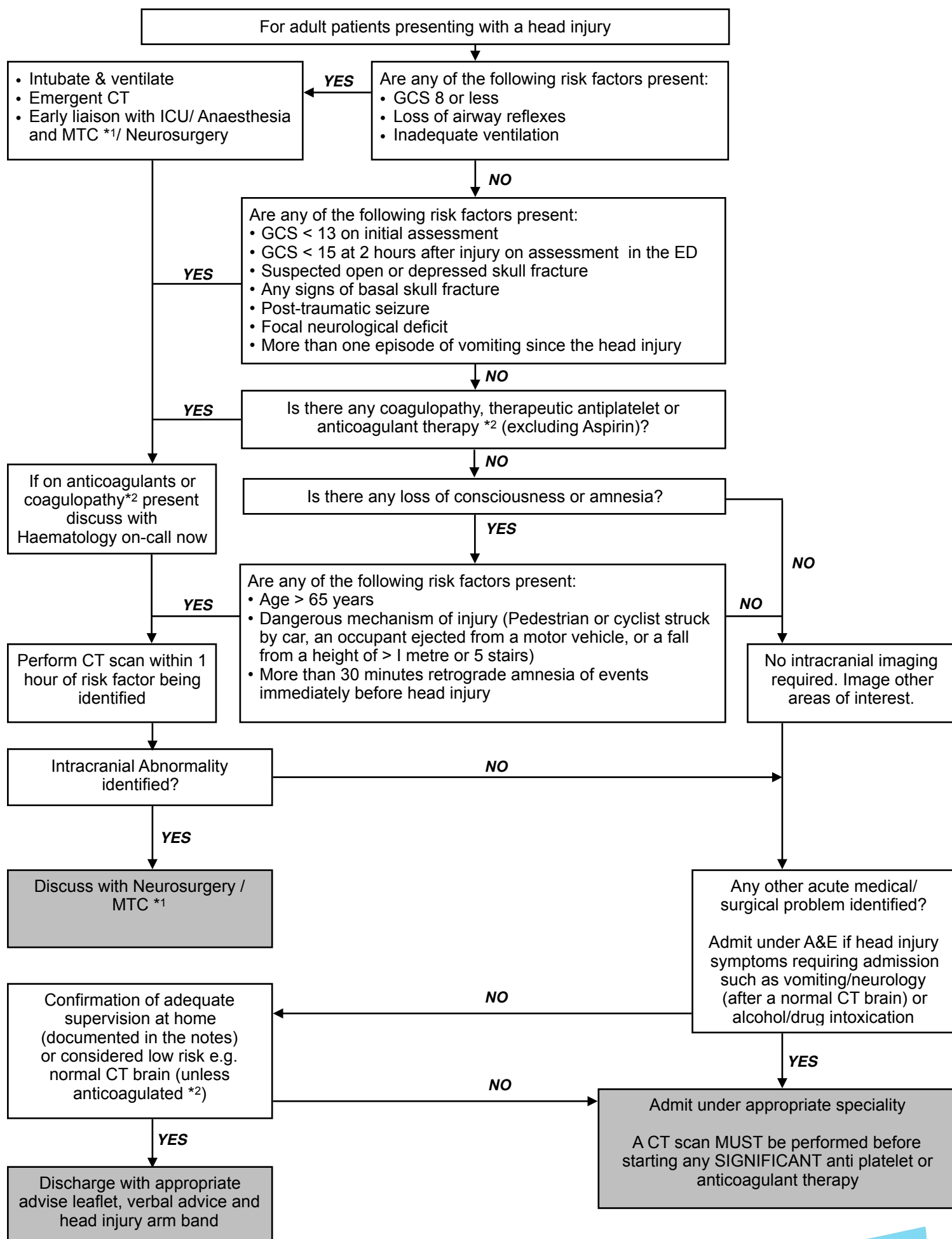


Head Injury Guideline



INDICATIONS FOR DISCUSSION WITH MAJOR TRAUMA CENTRE (MTC) *1

Multisystem Trauma with likely ISS > 15

 Meets criteria for **RAPID NEUROSURGICAL TRAUMA REFERRAL**

Age 70 years or under

- Intubated AND abnormal CT **OR**
- Extradural >15mm thickness or >5mm midline shift **OR**
- Acute subdural >10mm thickness or >5mm midline shift

Age over 70 years

- GCS>8 **AND**
- Living independently **AND**
- One of:
 - Extradural >15mm thickness OR >5mm midline shift **OR**
 - Acute subdural >10mm thickness OR >5mm midline shift

Exclusions

- Fixed & dilated pupils
- More urgent issues identified e.g. haemodynamic instability
- Trauma Team Leader (TTL) to refer to TTL at SRFT on **0161 206 5354**
- Upload CT to PACS
- Transfer the patient to SRFT Emergency Department

COAGULOPATHIES LEADING TO INCREASED RISK OF INTRACRANIAL HAEMORRHAGE *2

 Hereditary bleeding disorder (**must discuss with haematology immediately**)

 Platelets <50x10⁹/L

Treatment dose anticoagulation

- Warfarin/ Sinthrome with INR > 1.5
- Unfractionated Heparin
- Enoxaparin (Clexane) > 0.75mg/kg
- Dalteparin (Fragmin) > 120U/kg
- Tinzaparin (Innohep) > 175U/kg
- Fondaparinux (Arixta) > 2.5 mg
- Dabigatran (Pradexa)
- Rivaroxaban (Xarelto)
- Apixaban (Eliquis)

Significant antiplatelet therapy

- Clopidogrel (Plavix)
- Prasugrel (Efient)
- Ticagrelor (Brilique)
- Dipyridamole (Persantine)
- Abciximab (ReoPro)
- Eptifibatide (Integrilin)
- Tirofiban (Aggrastat)

Acquired coagulopathy (INR > 1.5 or fibrinogen <2) occurring from DIC, Sepsis or liver failure

Recent thrombolysis/catheter lab intervention