



Audit in the Emergency Department

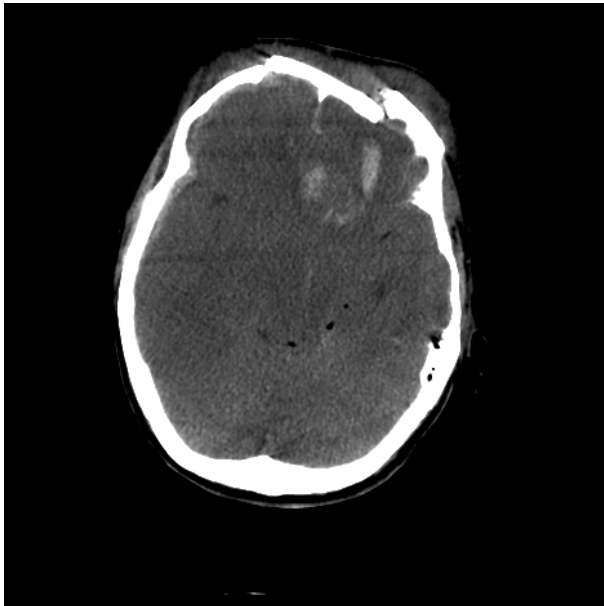
Audit  
CPI-01

# Minor Head Injury

## Background.

Every year approximately 2 million people in the UK sustain a head injury. For many years there has been controversy over the investigation and management of these patients. Since the advent of the NICE guidance and increased availability of CT scanning has been a dramatic reduction in the number of skull Xrays requested. Recently NICE have released guidelines on the management of these patients in the emergency department. It is important that the appropriate investigations are requested if important diagnoses are not to be missed!

The aim of this audit is collect data on 50 minor head injured patients in order to check our clinical performance in this important area. The audit should concentrate on the clinical risk assessments made at initial presentation and the emphasis on documentation in the notes.



### Special points of interest:

- 2 million people sustain a head injury each year in the UK
- Skull Xray should only be performed for specific indications and not as an alternative for CT scanning.
- Head Injury requiring admission remain under the care of the Emergency department.

## **Methods**

### **Retrospective audit**

**Sample: 50 consecutive Emergency Department patient records**

### **Criteria**

Inclusions: 50 adults coded as minor head injury .

Exclusions: Exclude patients presenting GCS <15 .

### **Please ensure you register the audit with your Trust Clinical Audit Department**

Notes can be obtained by computer search of the ED database. The coding system on the back of the ED cards should be searched using the terms:

The search should extend over a sufficient period to include the 50 most recent obtainable events as a minimum. Contact the ED information manager to obtain a list of case notes matching these criteria.

Cards may only be physically kept in the department for a couple of weeks and then sent for scanning and archiving electronically. This can take up to 4 weeks.

Once you have the cards for the relevant patients then you need to record the data in an accessible way. This should be entered into the excel spreadsheet that contains all the relevant cells and formulae. For some of the items on the spreadsheet you may want to include a number of options. To maintain a consistency between rolling audits we ask that you stick to the approved list of criteria.

### **Work plan**

Week 1-2, background reading and ordering case notes

Week 3-4, accessing records and entering data onto spreadsheet

Week 5-6, preparing the Powerpoint presentation of your findings

### **Presentation of findings**

The data should be collated and then presented using the associated PowerPoint presentation with the new data entered.




Data **MUST** then be uploaded onto [www.stemlyns.org.uk/admin](http://www.stemlyns.org.uk/admin) as instructed. Please obtain the username and password from your audit lead.

Further Information contact:



### How to upload the audit data

- [www.stemlyns.org/admin](http://www.stemlyns.org/admin)
- Username and Password
- Select Appropriate Audit Title
- Select EDIT RESULTS next to appropriate date
- Enter results and CONTINUE
- FINISH
- LOG OUT

Traffic lights    within 5% of target    within 6-15%    within 16%+   

Criteria	Standard (%)	Standard achieved Locally (%)	Standard Achieved Regionally (%)	Standard Met?	Status
Documented evidence of GCS	100				
Documented evidence of presence or absence of history of loss of consciousness, amnesia and vomiting (all three required).	100				
Documented evidence of assessment of bleeding risk (use of anticoagula- tion etc).	100				
Documented mechanism of injury	100				
Documented evidence of receiving head injury advice on discharge	100				



#### **Rationale:**

- NICE guidance suggests that the assessment and classification of head I injury should be guided primarily by the *Glasgow* coma scale
- Vomiting, amnesia and loss of consciousness are all used to risk stratify patients to guide further investigation (CT scan).
- NICE guidance suggests that presence of coagulopathy (in the presence of loss of consciousness or amnesia) requires urgent investigation by CT scan.
- Patients with a dangerous mechanism of injury (in the presence of loss of consciousness or amnesia) require investigation with CT scan.
- NICE guidance recommends all patients who are deemed safe for discharge from an emergency department should receive verbal advice and a written head injury card.

#### **Guidance:**

- Words such as fully conscious, alert etc will be accepted.
- Presence or absence of vomiting, amnesia and loss of consciousness all need to be documented in the notes.
- Some consideration that coagulopathy has been considered needs to be documented in the notes. This could be either a positive or negative finding.
- A brief description of the accident is required.
- Verbal, written or unspecified advice will all be accepted if documented.

#### **References:**

NICE clinical guideline CG56 <http://www.nice.org.uk/CG056>

