A recently published article in BMC Medicine presents the updated Scandinavian Neurotrauma Committee (SNC) guidelines for initial management of minimal, mild and moderate head injury in adults.

The guidelines are primarily designed as evidence and consensus-based guidance for physicians who are not experts in the field and with the Scanadivian emergency care setting in mind.

The guidelines include criteria for computed tomography (CT) scan selection, admission and discharge with suggestions for monitoring routines and discharge advice for patients. The guidelines are designed to primarily detect neurosurgical intervention with traumatic CT findings as a secondary goal. These Scandinavian guidelines are the first to offer a biomarker alternative to CT scanning for low-risk patients.

The rationale was primarily to identify all patients needing neurosurgical intervention, including medical intervention for high intracranial pressure (assigned a critical level with regard to patient-important outcomes). The secondary goals (assigned important, but not critical, with regard to patient-important outcomes) were identification of non-neurosurgical intracranial traumatic complications and also strong consideration of resource use with minimisation of unnecessary (normal) CT scans and/or admission.

In an associated commentary, Benson and Young note that the admission guidelines and monitoring routines suggested by the authors are very conservative and may not be feasible in some medical centres struggling with finite health care resources. They suggest that additional research is needed to determine the risk of delayed intracranial pathology in patients with risk factors such as shunt-treated hydrocephalus or anticoagulation but normal initial CT imaging.

References

Commentary

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