Author's response to reviews

Title: Audit of head injury management in Accident and Emergency at two hospitals: Implications for Nice CT guidelines.

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PDF covering letter
Dear BIOMED Central,

Thanks for the informative reviews, which have helped us to considerably strengthen the paper. We address the critical comments of the reviewers below, and show what changes we have made to the manuscript.

Miller, Kent and Tennant.

Reviewer 1

1. Objectives in the abstract have been amended to mention head injury and also identified as a retrospective audit. CT scans have been clarified as CT brain scans.
2. The sensitivity and specificity figures have been identified as pertaining to skull fractures.
3. The ambiguity about Canadian Guidelines and NICE guidelines have been clarified. A range is now given indicative of the Canadian-NICE range. A reference to SIGN guidelines has been included.
4. Methodology, - typo has been addressed “joint annual….”
5. The accurate percentage of attendances due to head injuries is not known.
6. The information re GCS and discharge is accurate, it is possible that these patients were discharged to nursing homes, we do not have further information about the repeat GCS.
7. Point regarding frequency of GCS recording is noted and included in discussion.
8. (Ante grade and retrograde amnesia), Detail of amnesia was not frequently recorded and it is not likely that distinction was made.
9. We do not know about why some patients had more detailed discharge summaries, we know that the policy in the hospitals is the same because of their joint management policies. The computer-generated slip is probably a fall back position so that the GP is at least notified of the attendance.
10. Although there is a distinction between the NICE guidelines and the Canadian Guidelines it is clear that the workload will increase whichever is considered. This has been addressed by reworking our data using a range numbers of additional CT scans which would have been required.
11. Form of words in discussion regarding common condition has been amended
12. Typo “ incidence is known” addressed
13. The point about short stay beds is included
14. Point about increased availability CT scanning is included
15. Protocol mentioned is the current department practice.
16. The point is well taken. Consultants felt that often things were done but were not accurately documented
17. The departments were not working to the nice guidelines at the time of the study.
18. Typo addressed “prospective”
Reviewer (2)

1. Typo regarding data as plural has been addressed
2. 95% confidence intervals have been mentioned by the reviewer, however this is in effect a census of patients attending at A & E and it is not implied that this is a representative sample of a bigger population for which confidence intervals would have been appropriate.

4. Head injury – definition – this is defined as the presenting complaint.
5. We were not in a position to know about how many head injuries were missed i.e. not recorded as such. The only major group who might be suspicious of being missed may have been classified as facial injuries that may have suffered intra-cranial injuries.
6. Waiting time was not defined, the point was that patients are attending the triage nurse and not waiting to be seen by a doctor, this is a major source of difficulty in recording of compulsory information and must be addressed.
7. The elements of the Canadian Guidelines included within the study, were those, which are most frequently likely to occur. The audit was designed to ascertain major deficits in data collection of frequently occurring items. The reviewer is correct that these other less frequent items will also be needed on standard protocols and this reinforces our point about standardised data collection.
8. We are unaware about the knowledge base about guidelines, our conclusions however is that departments will have to respond in a structured way to the guidelines and through their recording systems make sure that they are adhered to.

Reviewer (3).

1. The audit cannot address issues of the cost-efficacy implications of the NICE guidelines, but we have commented upon the resource implications of the findings in the discussion.
2. In the audit period, only 14 children were admitted, all of whom were discharged within 48 hours. We have added a section about the implications for admission of children into the discussion.