Reviewer’s report

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

Version: 1 Date: 19 January 2004

Reviewer: jeff J bazarian

Reviewer's report:

General
The authors reviewed the accident and emergency department records of 419 patients with head injury presenting to two hospitals over a one month period. Adequacy of documentation for variables related to the Canadian CT Head guidelines was assessed. The main finding is that only 58% of head injured patients had documentation of GCS.

Discretionary Revisions (which the author can choose to ignore)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
1. The word 'data' is pleural, not singular. This "data were" instead of "data was".
2. Please include 95% confidence intervals around important proportions.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1. This manuscript appears to lack an objective or hypothesis. The Introduction seems to hint that the NICE guidelines are impractical because of the number of variables needed to address the Canadian CT Head rule. If this is the case, please state and explain why you feel this is so. Are there any other specific "practice or resource" demands imposed by NICE?
2. What is your definition of head injury, and how were A&E patients with head injury identified?
3. How many head injured patients were likely missed by your identification method and how would the exclusion of these patients bias your results?
4. How was wait time defined? What is the purpose of relating documentaion of the initial GCS to wait time and admit status? What are you trying to show?
5. In paragraph 3 of Methods, you state that charts were reviewed for some, but not all, variables related the Canadian CT head rule. How did you decide which variables to check for on charts? Why did you not review charts for mechanism of injury, neurologic exam, and coagulopathy?
6. How many practicing emergency physicians are aware of the NICE guidelines? Have they been integrated into emergency medicine practice in the UK? If not, this may be one of the reasons that TBI-related documentation is poor. How might you raise awareness of the guidelines?

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No
Declaration of competing interests:

None