Objectives
- Head injuries contribute to a significant burden within healthcare
- UK statistics 2013 - 2014 identified 162,544 admissions representing 1 every 3 minute
- Neurosurgical referral in 6% of these cases
- Retrospective audit performed looking at all traumatic neurosurgical transfers from 2013 – 2015

Aims
- Benchmark current practise with NICE 2014 CG176
- Ascertain mean times for recognition of severe HI, times to CT head and times for transfer
- Analyse critical care aspect of intubated patients
- Draw up local guidelines on aeromedical HI transfers
- Present findings at the hospital wide morbidity and mortality conference
- Develop recommendations aimed at improving patient experience of tertiary referral

Methods
- Sample: JETS transfers database for Neuro. patients from 2013, 2014 and 2015 was cross referenced with Head injury coding
- Individual cases reviewed to confirm traumatic head injury
- Pertinent data collected from Trakcare and paper records
- Exclusions: 1) Age <18 years, 2) Non traumatic ICB, 3) Palliative care
- 28 patients (82% males with 21-89 age range)

Results
- 19 mild HI (GCS 13-15), 1 moderate (GCS 9-12), 7 severe HI (GCS 3-8)
- 22 patients had CT scan within 1hr
- Transfer time - 25% 0-5hrs, 28% 5-12hrs, 18% <24hrs
- Critical care: 6 intubated - all transferred by Anaesthetists, all had continuous capnography, 4 patients met MAP target of 80-90mmHg

GCS head injury classification

<table>
<thead>
<tr>
<th>GCS classification</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild (13 – 15)</td>
<td>19</td>
</tr>
<tr>
<td>Moderate (9 – 12)</td>
<td>1</td>
</tr>
<tr>
<td>Severe (3 – 8)</td>
<td>7</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
</tr>
</tbody>
</table>

Many thanks to the Jersey Audit team and JETS team