

North Bristol Trust Perceived Devastating Brain Injury (DBI) Recommendations

Following the 2017 Consensus statement¹ on the management of patients with perceived DBI we have produced a local series of recommendations:

1. All patients with serious brain pathology should be transferred to Southmead Hospital for management on our Intensive care unit unless they have a perceived DBI
2. Great care should be taken when making the diagnosis of perceived DBI in the first 24 hours after an ictus or trauma
3. There should be a presumption that patients will be monitored for 24 hours before re-assessment
4. Stabilisation and monitoring may be undertaken in the referring hospital if the consultant neurosurgeon considers that the patient has almost certainly suffered a DBI based on neurological status, frailty and co-morbidities
5. Decisions taken regarding patients who are not transferred should be recorded fully in the neurosurgical referral database
6. All patients with a potential DBI will be discussed at the 8:00 am joint neuroradiology meeting
7. DGH ICUs will be contacted by the NBT ICU consultant to assess the progress of potential DBI patients managed in DGHs
8. The management and outcome of potential DBI patients will be prospectively audited

Useful Telephone Numbers:

Southmead ICU Consultant on call Mobile/WIFI Phone: 0117 4141499

Southmead Neurosurgical SpR on call Mobile/WIFI Phone via Switchboard: 0117 950 5050

1. Harvey D, Butler J, Groves J, Manara A, Menon D, Thomas E, Wilson M. Management of perceived devastating brain injury after hospital admission: a consensus statement from stakeholder professional organisations. *British Journal of Anaesthesia* 2018 120(1):138-145