Aim: Head Injury is a common presentation in our DGH, which covers a large rural area and is now a regional trauma centre. We audited our management of head injuries against current guidelines and planned a new pathway to ensure patients receive the correct advice and follow up on discharge.

Method: Data was requested from IT for all head injury episodes in 2019, to reflect usual numbers pre-pandemic. Electronic letters, radiology and notes were used to identify whether imaging criteria was met/carried out, discharge destinations, re-presentations, specialty discussions, and head injury advice on discharge.

Results:
- 307 individual patients identified.
- 13 re-presentations.
- 10 required neurosurgical discussions.
- **Destinations:** 226 (73.6%) discharged direct from ED. Admissions; Surgical - 37 (12%), Medical - 6 (2%), Paeds – 14 (4.5%), ITU 2 (0.7%), Did not wait – 2 (0.7%), Not Recorded – 7 (2.3%).
- **Imaging:** 100 patients met NICE criteria for CT, 100% were documented in notes and had CT. 76% reported normal, 18% had a bleed, contusion or haematoma.
- HI advice 90% of ED discharges, 16% of Surgical and 16% of Medical discharges had head injury discharge advice documented.

Conclusions:
- Guidelines were met for 100% of patients requiring imaging Head injury advice was well documented in ED but fell down in ward paperwork.
- We have written a robust pathway where all inpatients have a proforma completed during admission with prompts for discharge advice and rehab referral where appropriate, this is currently undergoing a re-audit to ensure improvement and if successful will become an established part of the trauma pathway in our hospital.