Blunt Head Injury in the Elderly

Lindy Jeffree & Campbell Tingate
Incidence of head injury

July 2010 – June 2016; n= 1363

RBWH Trauma Service
Causes of head injury (Qld)

July 2010 – June 2016; n= 1363

RBWH Trauma Service
Causes of head injury (Germany)

Types of injuries (Italy)

Types of injuries (Germany)

In hospital mortality - RBWH

July 2010 – June 2016; n= 1363  

RBWH Trauma Service
Mortality in patients admitted to Neurosurgical ICU (Italy)

Outcome in survivors (Italy)

Mortality by initial GCS

Shimoda et al (2016) World Neurosurg: Japan
Subgroups

Outcome after Trauma vs Craniotomy

RBWH: Trauma n = 1363; Craniotomy n = 620
Anti thrombotics

Decision making

Going home
• < 70
• GCS > 10
• Previously fit
• No anticoagulation

Not going home
• > 70
• GCS < 6
• Diffuse injury
• Comorbidities (APACHE C-D)
• Anticoagulation
• Already supported
89 ♀ Fall from standing, clopidogrel

5 pm, GCS 14
Care

Communicate with family
Neuro obs
Monitor Na⁺
Speech assessment ± NGT
Physio: chest & mobilization
DVT prophylaxis
OT: cognitive assessment/PTA
Rehab
89 ♀ Fall from standing, clopidogrel

5 pm, GCS 14

9 pm, GCS 6
70 ♂ Fall from horse, GCS 11
70 ♂ at 12/12

- 34 day admission
- PE => AF
- D/C to local hospital
  - “walking 6m on rollator”
- “Home”
- Wife full time carer
- Ix for NPH
Conclusions

Head injuries are bad
Communicate
Assess clinically
Act for this patient considering:
- Age
- Clinical state
- Scan injuries
- Comorbidities
- Pre-morbid function
- Anti-thrombotics

Even the miracles are qualified