

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

Issue Date: 26 July 2017

STATUS: INFORMATION

CATEGORY: POLICY

Title:
All Wales Guidelines for the Management of Devastating Brain Injury

Date of Review
3 years, or as required as evidence evolves

For Action by:
Health Boards and Trusts

Action required by:
1 October 2017

Sender:
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Enclosure(s): see hyperlinks

Summary

1. The purpose of this Welsh Health Circular is to highlight the publication of the All Wales Guidelines for the Management of Devastating Brain Injury produced by the Welsh Intensive Care Society (WICS).

Action

2. Health Boards and NHS Trusts, where appropriate, are expected to work with clinical colleagues within their health boards to ensure guidelines are taken into consideration.

Background

4. The Welsh Intensive Care Society (WICS), working in conjunction with the Critical Care Implementation Group and colleagues across Wales and England have published the first All Wales Guidelines for the Management of Devastating Brain Injury. The guidelines, including all the key principles, can be found at: [Guidelines — Welsh Intensive Care Society \(welshics.org\)](http://www.welshics.org)
5. The guidelines are intended to reduce variation in clinical practice across Wales in the management of “Devastating Brain Injury” (DBI). They should be read in conjunction with the Faculty of Intensive Care Medicine’s guidance on DBI and expand on these to give clinicians in Wales practical advice and suggested clinical pathways.
6. Clinical evidence in this area, although rapidly developing, is still incomplete and the guidelines are intended to foster best practice based on current evidence and expert opinion. They are also intended to provide a framework for clear and realistic communication with patients’ representatives.
7. The key principle underlying the guidelines is that neurological outcome cannot be reliably predicted early in a patient’s clinical course. Basic neurocritical care should be provided to enable assessment of neurological status over a longer period of time in order to ensure that any potential survivors are identified.
8. It is recommended that withdrawal of life sustaining therapy (WLST) based solely on poor neurological outcome should be deferred until at least 72 hours have elapsed – as is current practice with hypoxic brain injury following cardiac arrest.
9. For further information or advice please contact Dr Hywel Roberts, Chair of the Welsh Intensive Care Society via email: wicschair@gmail.com.

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