Subject: NICE (Clinical) Guideline NG41 – Spinal injury: assessment and initial management

Circular Reference: HSC (SQSD) (NICE NG41) 25/16

Date of Issue: 15 April 2016

Related documents:
HSC (SQSD) 3/13
HSC (SQSD) (NICE NG37) 21/16
HSC (SQSD) (NICE NG38) 22/16
HSC (SQSD) (NICE NG39) 23/16
HSC (SQSD) (NICE NG40) 24/16

Summary of Contents:
This guideline covers the assessment and early management of spinal column and spinal cord injury in pre-hospital settings (including ambulance services), emergency departments and major trauma centres. It covers traumatic injuries to the spine but does not cover spinal injury caused by a disease. It aims to reduce death and disability by improving the quality of emergency and urgent care.

Status of Contents:
Action

Implementation:
As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

Additional copies:
Dear Colleagues

NICE Clinical Guideline NG41 - Spinal injury: assessment and initial management

https://www.nice.org.uk/guidance/ng41

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

In accordance with the process outlined in circular HSC (SQSD) 3/13, the following actions should be taken (https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-3-13.pdf)

1. HSC Board / PHA
   a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
   b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
   c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DHSSPS as required at 6 monthly accountability meetings.

2. HSC Trusts
   a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
   b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
   c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.

3. RQIA
   a. Disseminate the Guideline to the independent sector as appropriate.

4. HSC Special Agencies and NDPBs
   a. Take account of this Guideline in training and other developments as appropriate.

To inform the planning process, please find attached details from the Departmental review. You should consider and take account of other relevant Departmental policies and strategies.
in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.


Dr Paddy Woods
Deputy Chief Medical Officer
## Appendix 1

### Endorsed NICE guidance - Details from Departmental review

| Reference Number | NICE Clinical Guideline – NG41  
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<td><a href="https://www.nice.org.uk/guidance/ng41">https://www.nice.org.uk/guidance/ng41</a></td>
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<td>Summary of guidance</td>
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|                  | • initial triage and management by pre-hospital care staff  
|                  | • clinical assessment and management at the emergency department  
|                  | • acute stage imaging  
|                  | • communication with tertiary services  
|                  | • information and support needs of patients and their families and carers  
|                  | • documentation |
| Related strategically relevant DHSSPS / HSC policies | None |
| Inter-Departmental interest | None |
| Legislative / policy caveats | This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case. |
Where the guidance indicates that informed consent should be obtained and documented, the DHSSPS guidance ‘Reference Guide to Consent for Examination, Treatment or Care (2003)’, which is available on the DHSSPS website, gives advice on the law concerning consent to intervention. Available from:
https://www.dhsspsni.gov.uk/articles/consent-examination-treatment-or-care