National Institute for Health and Clinical Excellence

Spinal Injury Assessment
Scope Consultation Table
28th February 2013 – 28th March 2013

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	1	Alder Hey Childrens Hospital Foundation Trust	1	Section 4.3.1a Initial triage/management pre-hospital	This section should also include haemorrhage control measures, especially if the scope includes pelvic fractures.	Thank you for your comment. We will cross-reference the complex fractures guideline where appropriate.
SH	2	Association of Anaesthetists of Great Britain and Ireland	1	4.3.1b	Need for early pain relief. Consider prophylaxis to reduce the incidence of developing neuropathic pain.	Thank you for your comment. This has been added to the scope in section 4.3.1.c, Acute-stage clinical management of early medical intervention (such as anti-inflammatories, antioxidants, anti-excitotoxins and prophylactic analgesia).
SH	3	FICM (Faculty of Intensive Care Medicine)	1	3.2c	Is this right? Spinal injuries units, in my experience, have very different approaches to those of the acute setting and also cannot deal with other trauma or critical care needs to the standard required in an MTC.	Thank you for your comment. This section is intended as background information and scene setting for the scope and guideline. It is an overview of clinical practice and is not intended to cover all variations in care.

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	4	FICM (Faculty of Intensive Care Medicine)	2	3.2d	This needs to be a trauma radiologist or neuroradiologist not just a consultant. If one is not available locally there needs to be a referral pathway for images to be read by the most experienced clinician.	This section is intended as background information and scene setting for the scope and guideline. It is an overview of clinical practice and is not intended to cover all variations in care. We have amended the wording to, "a consultant radiologist with expertise in trauma imaging".
SH	5	FICM (Faculty of Intensive Care Medicine)	3	3.2f	This is surely related to spinal injury with neurological deficit only and the distinction should be made clear.	Thank you, we will amend the wording.
SH	6	FICM (Faculty of Intensive Care Medicine)	4	4.3	This is too narrow and is only focusing on what appears to be isolated spinal injury with neurological deficit. This should include spinal injury with or without deficit in the multi trauma setting and critically ill patients.	This guideline does focus on spinal injury but will cross refer to the major trauma and fracture guidelines when appropriate.
SH	7	FICM (Faculty of Intensive Care Medicine)	5	4.3.1b	Airway assessment after spinal stabilisation? This would seem to be inappropriate and rather contrary to A,B,C,D, A with cervical spine control, B,C,D or CABCD.	It is difficult to convey in text the simultaneous nature of the assessment and management of a patient with any traumatic injuries while undertaking the primary survey. Airway assessment after spinal stabilisation is an important clinical area, as

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						spinal stabilisation may impair the airway, but we acknowledge that in practice airway assessment and spinal stabilisation take place simultaneously. Airway management will be addressed in the major trauma guideline and cross referred to in the spinal injuries guideline
SH	8	FICM (Faculty of Intensive Care Medicine)	6	4.3.1d	This is a multidisciplinary approach and early consideration of involvement of critical care must be clearly stated in all but the most straightforward spinal injuries.	Thank you for your comment. We have amended the wording to reflect this.
SH	9	FICM (Faculty of Intensive Care Medicine)	7	4.4	Effective rehabilitation/return to gainful employment needs to be an outcome measure.	Thank you for your comment. Effective rehabilitation is an important outcome. The more inclusive outcome of 'return to normal activities' is used in preference to 'return to work' so that population groups not in work can be given equal consideration within NICE guidance. Return to normal activities has been

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						included in the list of outcomes.
SH	10	British Orthopaedic Association Patient Liaison Group	1	4.1.1	Is there a need to be more specific? Placing more emphasis on Young men and Older Women as these groups are known to be higher risk?	Thank you for your comment. We will ensure that if any population groups need special/different assessment then any analysis will be sub-grouped.
SH	11	British Orthopaedic Association Patient Liaison Group	2	4.1.2	Should non traumatic fractures/cord displacements i.e osteoporotic fractures and cord injuries caused by unstable spine for any reason, be included as the outcomes can be the same.	Thank you for this comment. We would class such fractures or cord displacements as traumatic, as they will be caused by some traumatic event, regardless of how relatively small the forces in such an event might be. Hence these will be included
SH	21	Department of Health	1	General	I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Thank you for your comment.
SH	22	Midlands Centre for Spinal Injuries	1	3.2	Our comments: Under section 3.2 b) we would suggest to make some reference to indicate caution in the way the 'rigid spine' is immobilised (e.g. Ankylosing Spondylitis).	Thank you for your comment. Thank you for your comment. These are background sections, and reflect current practice. They are not intended to

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						be guidance.
SH	23	Midlands Centre for Spinal Injuries	2	3.2	Under section 3.2 c) we would suggest to add 'within 4 hours of injury'. Reference – Page 14 paragraph 3 and Page 17 paragraph 2 of "Management of People with Spinal Cord Injury NHS Clinical Advisory Groups Report, August 2011"	Thank you for your comment. These are background sections, and reflect current practice. They are not intended to be guidance.
SH	24	Midlands Centre for Spinal Injuries	3	4.3.1	As in Comment No. 1: We would suggest making some reference to indicate caution in the way the 'rigid spine' is immobilised (e.g. Ankylosing Spondylitis).	Thank you for your comment. This scoping document is intended to outline the broad areas that will be covered in the guideline. The GDG will identify and prioritise specific clinical areas for review taking into consideration stakeholder comments. Recommendations will be made based on the evidence and the consensus of the guideline development group.
SH	25	Midlands Centre for Spinal Injuries	4	4.3.1	Under section b) We would suggest assessment and documentation of neurological impairment at primary / secondary survey but prior to CT or MRI scanning. Caution in transfer of patients from trolley to the scanner as neurological deterioration can happen due to mishandling.	Thank you for your comment. This scoping document is intended to outline the broad areas that will be covered in the guideline. The GDG will identify and prioritise specific clinical areas for

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						review taking into consideration stakeholder comments. Recommendations will be made based on the evidence and the consensus of the guideline development group.
SH	26	Midlands Centre for Spinal Injuries	5	4.3.1	Under d) We would suggest a clinician skilled in the neurological assessment of patients with spinal cord injury having knowledge of the Frankel Classification and ASIA Impairment Scale.	Thank you for your comment. This scoping document is intended to outline the broad areas that will be covered in the guideline. The GDG will identify and prioritise specific clinical areas for review taking into consideration stakeholder comments. Recommendations will be made based on the evidence and the consensus of the guideline development group.
SH	27	Midlands Centre for Spinal Injuries	6	4.3.1	Under section e) We would suggest that the NICE Guidance definitely recommends appropriate documentation of accurate neurological assessment at different stages during the acute phase. We would recommend documentation in the format widely accepted for spinal neurological assessment – the Frankel or American Spinal	Thank you for your comment. Spinal injury assessment will be addressed in sections 4.3.1 a and b. When the GDG develop the protocols for the

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					Injuries Association (ASIA) format. Accurate assessment and documentation of neurology should take place at the time of initial presentation, at 48 -72 hours and at regular intervals thereafter. Neurological assessment should include both pin prick and light touch sensory assessment of the sacral dermatomes and documented accordingly. This has prognostic implications. Neurological assessment and documentation should be undertaken prior to and following any specific intervention (e.g. pharmacological, surgical etc.). References: 1. El Masri(y) WS, Kumar Naveen, *Traumatic spinal cord injuries (commentary).*The Lancet, 2011;Published online March 4, 2011 DOI:10.1016/S0140-6736(11)60248-19770 pp 972-974 2. El Masri Wagih, *Management of Traumatic Spinal Cord Injuries: current standard of care revisited*. ACNR 2010;10:1 37-40. 3. Katoh S, El Masry WS. *Neurological recovery after conservative treatment of cervical cord injuries.* J Bone Joint Surg Br 1994; 76b 225-8. 4. Katoh S, El Masry WS, Jaffray D, *et al*.	review questions they will identify specific assessments that are for inclusion in the review. Recommendations will be made based on the evidence and the consensus of the guideline development group. This recommendation from this review will inform section 4.3.1g (documentation for people with spinal injuries). Thank you for the list of references.

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					Neurologic outcome in conservatively treated patients with incomplete closed traumatic cervical spinal cord injuries. Spine 1996: 21: 23 46-51. 5. Folman Y, El Masri WS.*Spinal cord injury: prognostic indicators.* Injury 1989:20:92-3	
SH	28	NHS Commissioning Board / NHS England	1	4.3.1	Radiological assessment will need to be different for children and adults. Need clear definition of "child" from perspective of radiation protection and use of CT	Thank you for your comment. We will define both children and young adults from this perspective and ensure that analysis is stratified if appropriate
SH	29	NHS Commissioning Board / NHS England	2	General	Guideline on when spinal cord injury team should be involved	Thank you for your comment. The involvement of the spinal injury team will be considered in this guideline (section 4.3.1.e).
SH	30	NHS Commissioning Board / NHS England	3	General	Specific measures to prevent pressure sores	Thank you for your comment. This is outside the remit of the guideline, There is a NICE guideline on pressure ulcer management that is currently in development. If appropriate this guideline will be cross referred to.

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	31	NHS Commissioning Board / NHS England	4	General	Management of SCIWORA	Thank you for your comment. This should be covered by section 4.3.1 d (further imaging).
SH	32	NHS Commissioning Board / NHS England	5	General	Standards for clinical examination that is required	Thank you for your comment. This may emerge from section 4.3.1 b of this scope.
SH	33	NHS Direct	1	4.3.1a HERE	Please consider initial triage by remote telephone assessment and ensure specific guidance is included if necessary. With the escalation of the 111 service more people will be accessing health care via this route.	Thank you for your comment. We agree this is an important issue but after feedback from the stakeholder workshop remote telephone assessment has not been prioritised as an area for review. Assessment of the first pre hospital care provider was identified as an area where there was considerable variation in care in the UK. Remote telephone assessment and triage was considered to be an area that had minimal variation in the process followed across the UK.
SH	34	Royal College of Anaesthetists	1	3.1b	I appreciate this is draft and possibly implied but it is worth emphasising 15% are domestic injuries, often where the energy and force of impact are	Thank you. This information will be added to the document.

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					underestimated esp at the scene eg elderly women down stairs	
SH	35	Royal College of Anaesthetists	2	3.1c	We could do with figures on spinal column injury as arguably this is the biggest dilemma- once cord injury is apparent most people suspect a column injury. A representative 5% of cases of high energy polytrauma suffer an unstable spinal column injury	Thank you for this comment. We have added in data on spinal column trauma, as well as your statistic.
SH	36	Royal College of Anaesthetists	3	3.2f	Anecdote is rarely helpful in this type of document but it may help NICE to discuss some of the reasons around these rates of referral to spinal centres. I work in a referring DGH…	Thank you for your comments. This section is intended as background information and scene setting for the scope and guideline. It is an overview of clinical practice and is not intended to cover all variations in care. We stated that a major reason for these practices was inefficient or inaccurate methods of measurement.
SH	37	Royal College of Anaesthetists	4	4.1.1	I would make it explicit spinal **cord** injury is specifically excluded, although brief mention of MRI in suspected cases is appropriate. Wording is ambiguous	Thank you for your comment. Spinal cord injury is included.
SH	38	Royal College of Anaesthetists	5	4.1.1	I would emphasise my work has been in (critically ill and multiply injured) adults and I would not advise on paediatric injuries	Thank you.
SH	39	Royal College of Anaesthetists	6	4.3.1c	I would also take the opportunity for NICE to review and comment on dynamic fluoroscopy. It is around the relative performance of these modalities in patients who are clinically unevaluable that I have	Thank you for your comment. We have added this to the scope.

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					done most work	
SH	40	Royal College of Anaesthetists	7	4.3.1	I think some guidance around early trauma management is needed eg timing of removal of spinal boards and indications for use (4.3.1.a), tracheal intubation and spinal protection, populations at particular risk of missed injuries eg head injury, associated thoracolumbar injury, alcohol/ intoxicants, urgent laparotomy/ splenectomy and spinal fracture – not an entire review of trauma care but the ABCDE primary survery issues with spinal implications	Thank you for your comment. This scoping document is intended to outline the broad areas that will be covered in the guideline. The GDG will identify and prioritise specific clinical areas for review taking into consideration stakeholder comments. This guideline will cross refer to the major trauma guideline which will have further detail of the ABCD primary survey issues.
SH	41	Royal College of Anaesthetists	8	4.3.1	A discussion of the concept of screening for spinal inuries vs "clearing" the spine. Need for vigilance, re-institute immobilisation if missed injuries and quote a false negative rate after screening. Balanced against relative risks of immobilisation etc etc	Thank you for your comment. We agree that this is a vital area, and this is covered in the key clinical issues that will be covered in in the scope
SH	42	Royal College of Anaesthetists	9	4.3.1	There is a need and opportunity for NICE to issue guidance on clinical evaluation for spinal injuries and a number of emergency department/ hospital rules are available for this eg NEXUS or Canadian C spine rule. It would be very helpful to have UK guidance on this as it will reduce radiographs and further imaging in a proportion of patients	Thank you for your comment. Spinal injury assessment will be addressed in sections 4.3.1 a and b. When the GDG develop the protocols for the review questions they will

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						identify specific assessments that are pertinent to that question for review. Recommendations will be made based on the evidence and the consensus of the guideline development group.
SH	43	Royal College of Anaesthetists	10	4.3.1	Some simple rules which contraindicate clinical evaluation would help and there is a need to promote vigilance for missed thoracolumbar injuries and non-contiguous injuries	Thank you for your comment. This scoping document is intended to outline the broad areas that will be covered in the guideline. The GDG will identify and prioritise specific clinical areas for review taking into consideration stakeholder comments. Recommendations will be made based on the evidence and the consensus of the guideline development group.
SH	44	Royal College of Anaesthetists	11	4.3.1	There is a need for explicit statements around MRI for cord injury and what this might comprise.	Thank you for your comment. The use of MRI is included in the scope.
SH	45	Royal College of Anaesthetists	12	4.3.1e	Tricky! We produced an entire version of this in the Intensive Care Society guidance inc audit standards and I am unaware of it ever being	Thank you for your comment. It is helpful to know of other guidelines

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					completed. We should explore electronic versions and a national database around imaging and injuries- another project but an opportunity not to miss while we are in the area with the right people around esp if this is being brought in 4.4.b	that have been developed.. This scoping document is intended to outline the broad areas that will be covered in the guideline. The GDG will identify and prioritise specific clinical areas for review taking into consideration stakeholder comments. Recommendations will be made based on the evidence and the consensus of the guideline development group.
SH	46	Royal College of Anaesthetists	13	4.4	I would suggest need for more specific outcomes for severely/ multiply injured where prolonged immobilisatioon has greatest impact eg duration ICU stay, duration mechanical ventilation, rates ventilator associated pneumonia, pressure sores inc bed and collar related, ICP control and brain injury outcomes, central catheter infections, airway complications.	The outcomes listed are the key outcomes identified at the stakeholder comments and workshop. When the GDG develop the protocols for the review questions they will identify specific outcomes that are pertinent to that question.
SH	47	Royal College of Anaesthetists	14	4.5	This is certainly a deficit in the UK data and would be a welcome addition to decision making	Thank you for your comment.
SH	48	Royal College of Anaesthetists	15	5.2	There is an opportunity to tie and cross reference the head injury evaluation and c spine evaluation in	Thank you for your comment. We will cross-

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					both guidelines- it remains the case severe head injuries come back from CT and then people think to CT neck… Similarly the impact that c spine injury has on brain injury is significant- perhaps a section in each guideline highlighting the salient interactions would help	refer as necessary to other NICE guidelines.
SH	49	Royal College of Nursing	1	General	The Royal College of Nursing welcomes proposals to develop this guideline. It is timely. The draft scope seems comprehensive.	Thank you for your comment.
SH	50	Royal College of Nursing	2	4.4	Guidance on the most appropriate time to mobilise patients following acute spinal cord injury (following bony stabilisation) would also be a useful addition to this document.	Thank you for your comment. This is outside the scope of the guideline, which is focused on assessment and early management.
SH	51	Royal College of Nursing	3	General	Imaging guidance for children under sixteen with suspected neck injury or spinal injuries would be useful.	Thank you for your comment. This will emerge from section 4.3.1d of the scope.
SH	52	Royal College of Paediatrics and Child Health	1	4.3.1d	Specific considerations should be made for imaging the paediatric patient with particular reference to minimising ionising radiation.	Thank you for your comment. This will emerge from section 4.3.1d of the scope.
SH	53	Spinal Injuries Association	1	General	The Spinal Injuries Association believes that any consideration of Spinal Injury Assessment in trauma must be based on the following documents: • 'Management of people with Spinal Cord Injury', NHS Clinical Advisory Group Report, August 2011 • 'The Initial Management of Adults with	Thank you for your comment. It is helpful to know of other guidelines that have been developed.. We will refer to these documents when reviewing the evidence for

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					Spinal Cord Injuries: Advice for Major Trauma Networks and SCI Centres on the Development of Joint Protocols with Advice for Clinicians in Acute Hospitals' National Spinal Cord Injury Strategy Board, May 2012 • National Spinal Cord Injury Care Pathways, National Spinal Cord Injury Strategy Board, December 2012	each question derived from this scope.
SH	54	Spinal Injuries Association	2	3.1a	It is good to see that "derangement" of the spine is specifically mentioned and it is important to remember that not all injuries of the spinal cord require the spinal column to be fractured.	Thank you for this comment.
SH	55	Spinal Injuries Association	3	3.1b	The Spinal Injuries Association has noticed a recent change in the demographic of new spinal cord injuries, with an increasing number of older people of both sexes receiving treatment for spinal cord injuries.	Thank you for this comment.
SH	56	Spinal Injuries Association	4	3.1c	The word "quadriplegia" should be replaced by the word "tetraplegia" which is the common term for full or partial paralysis of all four limbs in the UK.	Thank you for your comment. This has been amended.
SH	57	Spinal Injuries Association	5	3.2c	The words "spinal injury centre" should be replaced by "spinal cord injury centre", which is the correct terminology for the 11 specialist centres in the UK.	Thank you for your comment. This has been amended.
SH	58	Spinal Injuries Association	6	3.2c	The words "within four hours" should be added to the end of this passage to reflect the 2011 CAG report, the 2012 Trauma Protocols document and the 2012 SCI Care Pathways (see box 1, above)	Thank you for your comment. These are background sections, and reflect current practice. They are not intended to be guidance.
SH	59	Spinal Injuries	7	3.2d	The words "spinal injury centre" should be replaced	Thank you for your

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		Association			by "spinal cord injury centre", which is the correct terminology for the 11 specialist centres in the UK.	comment. This has been amended.
SH	60	Spinal Injuries Association	8	3.2f	The words "spinal injury centre" should be replaced by "spinal cord injury centre", which is the correct terminology for the 11 specialist centres in the UK.	Thank you for your comment. This has been amended.
SH	61	Spinal Injuries Association	9	4.1.2	The Spinal Injuries Association believes that guidelines for the assessment of non-traumatic spinal cord injury should be addressed by NICE in conjunction with traumatic injuries. Non-trauma patients are much less likely to be referred to an SCI Centre for rehabilitation and, consequently, do not experience the same levels of independence or reintegration. As a result the true scale of non-traumatic SCI in the UK is unknown and must be addressed with urgency.	Thank you for your comment. Non traumatic spinal cord injuries are outside of the remit of this guideline. .
SH	62	Spinal Injuries Association	10	4.4a	The words "spinal unit" should be replaced by "spinal cord injury centre", which is the correct terminology for the 11 specialist centres in the UK.	Thank you for your comment. This has been amended.
SH	63	Spinal Injuries Association	11	4.5	Full consideration should be given to the effect of successful rehabilitation on the employment prospects of a spinal cord injured person, whether paraplegic and tetraplegic.	Thank you for your comment. Aspects of rehabilitation will be addressed in the service delivery guidance. In addition return to normal activities has been included in the list of main outcomes, see section 4.4
SH	64	British Association of Spinal Cord Injury		1	**Guideline title.** It would be useful to be more explicit about whether the guidelines will refer to	Thank you for this important comment. The

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		Specialists (BASCIS)			both cord injured and non-cord injured people. Recognition of all spinal fractures is important but patients with cord injury are exquisitely vulnerable to inappropriate handling and the severity of their injury must be recognised as soon as possible to minimise harm and arrange transfer to a spinal cord injury centre. Most people with spinal fractures are NOT paralysed and will not need the services of a spinal cord injury centre. The emphasis should be on early recognition of cord injury by the first attenders and treating doctors. Some of the problem stems from the labelling of "spinal injury centres". In England there are only eight centres who look after paralysed patients and some of these look after occasional non-paralysed patients. But there are many orthopaedic and neurosurgical units who are also titled "spinal units" and failure to distinguish between the two types of centres can lead to confusion. It would be good for the guidelines to explicitly outline this difference.	guideline will cover the assessment and management of both cord injured and non-cord injured people. The guideline title has been changed to the 'Spinal injury assessment: assessment and imaging and early management for spinal injury (spinal column and/or spinal cord injury'. We have referred to spinal cord injury units where appropriate instead of spinal injury units.
SH	65	British Association of Spinal Cord Injury Specialists (BASCIS)		2	No comment	
SH	66	British Association of Spinal Cord Injury Specialists (BASCIS)		3.1a	Once cord injury has occurred it may be LESS important to immobilise, this sentence should be deleted.	Thank you for your comment. This section is intended as background information and scene setting for the scope and guideline. It is an overview of clinical practice and is

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						not intended to be fully comprehensive. Incomplete SCI can be made worse by inappropriate mobilisation and we have not removed the sentence.
SH	67	British Association of Spinal Cord Injury Specialists (BASCIS)		3.1b	No. Epidemiology has changed, middle-aged men most at risk in UK. I can bring stats to workshop.	Thank you for your comment. This has been amended.
SH	68	British Association of Spinal Cord Injury Specialists (BASCIS)		3.1c-3.2b	Agreed	Thank you for your comment.
SH	69	British Association of Spinal Cord Injury Specialists (BASCIS)		3.2c	Again a distinction should be drawn between patients with and without cord injury. If the patient has evidence of a cord injury then the local spinal cord centre must be informed (National Guidelines now in place) but they do not need to be involved if there is no paralysis.	Thank you for your comment. We have referred to patients with suspected spinal cord injuries and spinal cord injury units where appropriate instead of spinal injury units.
SH	70	British Association of Spinal Cord Injury Specialists (BASCIS)		3.2d-e	Agreed	Thank you for your comment.
SH	71	British Association of Spinal Cord Injury Specialists (BASCIS)		3.2f	Not sure where these figures come from. In Scotland 90% of injuries are notified within 24 hours and 50% of cases admitted within 2 days. I should be able to get up to date figures from our members.	Thank you for your comment. These figures are from 'Management of people with spinal cord injury – NHS clinical advisory groups report,

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						26th August 2011, page 4'.
SH	72	British Association of Spinal Cord Injury Specialists (BASCIS)		4.1.1	Doesn't this cover everyone? The guidelines should recognise that cord injury in children is extremely rare and evidence may be lacking for young patients.	Thank you for your comment. The guideline will cover all groups and your points will be considered when systematically reviewing the evidence.
SH	73	British Association of Spinal Cord Injury Specialists (BASCIS)		4.1.2	Instead of "spinal cord injury resulting from disease" it would be better to use the term "progressive spinal injury". There are some single-event benign "diseases" such as spinal stroke which are suitable for spinal injury centre rehabilitation.	Thank you for your comment. We have replaced "spinal cord injury resulting from disease" with" People with spinal injury directly caused by a disease process (without the need for a traumatic event).". We are focussing on traumatic injuries only in this guideline.
SH	74	British Association of Spinal Cord Injury Specialists (BASCIS)		4.2-4.3.1a	Please note that patient destination will already be covered under national guidelines for trauma management.	Thank you for your comment. We are aware of these national guidelines.
SH	75	British Association of Spinal Cord Injury Specialists (BASCIS)		4.3.1b	Should be emphasis on ABC management. There is no licensed therapy for immediate treatment at present (high-dose steroids occ. used) but there should be recognition of the importance of informing the local spinal centre for consideration of inclusion in a trial. Several hyperacute trials in progress worldwide at present.	Thank you for your comment. This guideline will cross refer to the major trauma guideline where appropriate. The major trauma guideline has an emphasis on ABC

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						management. Medical intervention The GDG will identify and prioritise specific interventions for review taking into consideration stakeholder comments. Recommendations will be made based on the evidence and the consensus of the guideline development group.
SH	76	British Association of Spinal Cord Injury Specialists (BASCIS)		4.3.1c	False negative MRI scan is very rare in my experience but this will need better evidence.	Thank you for your comment. This area has been identified for inclusion in the scope.
SH	77	British Association of Spinal Cord Injury Specialists (BASCIS)		4.3.1d-4.4c	Agreed	Thank you for your comment.
SH	78	British Association of Spinal Cord Injury Specialists (BASCIS)		4.4d	EDSS not used by spinal injury centres to my knowledge. We have better scales which need to be included	Thank you for your comment. This has been removed.
SH	79	Golden Jubilee Regional Spinal Cord Injuries Centre	1	General	My fundamental concern is that it is not at all clear what is being considered in these Trauma Clinical Guidelines so far as the spine is concerned. The title "Spinal Injury Assessment" would mean to many people the diagnosis and management of spinal column injuries, clearance of the cervical spine etc. However, most of the document appears to concern spinal cord injuries. This is a very	Thank you for this important comment. The guideline will cover the assessment and initial management of both spinal injury and spinal cord injury. The guideline title has been changed to

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					common source of confusion, and it is vital that this is clear. If the Trauma Guidelines are to do with spinal cord injury then this should be stated in the title and throughout the text. If it is to do with spinal column injuries then the same would apply. Of course if is possible that NICE are hoping to produce guidelines for both of these conditions in which case it should be clearly separately identifiable within the document - the scope for the spinal column injury and the scope for spinal cord injury	the 'Spinal injury assessment: assessment and imaging and early management for spinal injury (spinal column and/or spinal cord injury'.
SH	80	Golden Jubilee Regional Spinal Cord Injuries Centre	2	General	As far as the spinal cord injury is concerned my second major concern would be that the National Spinal Cord Injuries Strategy Board and subsequently the Spinal Cord Injury Clinical Reference Group have been working with the Trauma Clinical Advisory Group and have published guidance for pathways for spinal cord injured patients and for their initial management (web site address as comments 3 and 4). The Spinal Cord Injury Service comprises only eight Centres in England, and this advice has been developed with the cooperation and ratification of all eight centres. These pathways and advice have been incorporated into the specification accepted by the NHS CB. I would be extremely grateful if these documents could be drawn to the attention of the Guideline Development Group as clearly it would be extremely unhelpful if there were needless contradictions.	Thank you for your comment**.** It is helpful to know of other guidelines that have been developed. We will consider these resources.

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	81	Golden Jubilee Regional Spinal Cord Injuries Centre	3	General	This document has been ratified by the Spinal Cord Injury CRG and the Trauma CAG. It contains basic policy for Trauma Networks. It would be helpful for the GDG to review current policy. Management of People with Spinal Cord Injury NHS Clinical Advisory Groups Report 26th August 2011 http://www.excellence.eastmidlands.nhs.uk/welcome/improving-care/emergency-urgent-care/major-trauma/nhs-clinical-advisory-group/	Thank you for your comment. It is helpful to know of other guidelines that have been developed. We will consider this resource.
SH	82	Golden Jubilee Regional Spinal Cord Injuries Centre	4	General and 4.3.1b	This document has been ratified by the Spinal Cord Injury CRG and incorporated into the specification of service for Spinal Cord Injury agreed by the NHS CB. It contains patient referral pathways and clinical advice for the early assessment, management and transfer of patients with SCI. It would be helpful for the GDG to review current advice, which covers airway, ventilation, iv fluids, etc. etc. The Initial Management of Adults with Spinal Cord Injuries: Advice for Major Trauma Networks and SCI Centres on the Development of Joint Protocols With Advice for Clinicians in Acute Hospitals	Thank you for your comment**.** It is helpful to know of other guidelines that have been developed. We will consider this resource.

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					http://www.excellence.eastmidlands.nhs.uk/welcome/improving-care/emergency-urgent-care/major-trauma/major-trauma-related-documents/	
SH	83	Golden Jubilee Regional Spinal Cord Injuries Centre	5	General	The National Pathways Project for Spinal Cord Injury was launched at the House of Commons last December in the presence of Keith Willet and the All Party Parliamentary Group for Spinal cord Injury. This project, undertaken by all eight centres together with the SIA (patient association), comprises detailed pathways for new and subsequent admissions together with out patient and out reach consultations. It has been incorporated into the national specification. The intention is to improve the timeliness and effectiveness of care. It would be helpful for the GDG to review the acute pathway.	Thank you for your comment. It is helpful to know of other guidelines that have been developed. We will consider this resource.
SH	84	Golden Jubilee Regional Spinal Cord Injuries Centre	6	General	The National Database for SCI went live this week. It will be the method of contract management together with governance and bench marking. Knowledge of the structure of the database will inform the GDG of current outcome measures in national usage.	Thank you for your comment. It is helpful to know of other guidelines that have been developed. We will consider this resource.
SH	85	Golden Jubilee Regional Spinal Cord Injuries Centre	7	4.4d	SCIM III is the nationally agreed outcome measure and has been internationally validated in the SCI population. CHART has been adopted as the re-integration measure although in common with many re-ablement measures it has some drawbacks.	Thank you for your comment. We will include this measure as an example of disability outcome measures.

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	86	Golden Jubilee Regional Spinal Cord Injuries Centre	8	4.4e,f,g,h	More to do with rehabilitation than initial assessment.	Thank you for your comment. We may be evaluating assessment in terms of its later effects on outcome so these outcomes are important.
SH	87	Golden Jubilee Regional Spinal Cord Injuries Centre	9	4.3.1b,d,e	One of the greatest deficits in SCI assessment is the lack of performance of an accurate ASIA chart in A&E. This has a huge impact on the assessment of therapies, which will be more important when strategies for treatment of the cord injury itself become available.	Thank you for your comment. We will consider all relevant methods of assessment, documentation and recording. This scoping document is meant to provide a guide to what areas will be covered, and the specific details will depend on the questions that the guideline development group wish to have answered.
SH	88	Golden Jubilee Regional Spinal Cord Injuries Centre	10	4.3.1a	Cord injury itself carries an ISS score of 16, therefore should be MTC.	Thank you for your comment. Recommendations will be made based on the evidence and the consensus of the guideline development group.
SH	89	Golden Jubilee Regional Spinal Cord Injuries Centre	11	4.3.1b	Must allow detection and reduction of bifacetal dislocation within 4 hours.	Thank you for your comment. Recommendations will be made based on the

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						evidence and the consensus of the guideline development group
SH	90	Golden Jubilee Regional Spinal Cord Injuries Centre	12	4.3.1a	Methods to deal with motor cycle helmets	Thank you for your comment. This scoping document is intended to outline the broad areas that will be covered in the guideline. The GDG will identify and prioritise specific clinical areas for review taking into consideration stakeholder comments. Recommendations will be made based on the evidence and the consensus of the guideline development group.
SH	91	Golden Jubilee Regional Spinal Cord Injuries Centre	13	4.3.1b	Presumably external stabilisation is meant, but this phrase implies surgery.	Thank you for your comment. That is correct, but we have changed the wording to "immobilisation" to make the meaning less ambiguous.
SH	92	Golden Jubilee Regional Spinal Cord Injuries Centre	14	4.3.1b	Maintain median arterial pressure to maintain perfusion.	Thank you for your comment. This scoping document is intended to outline the broad areas that will be covered in the

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						guideline. The GDG will identify and prioritise specific clinical areas for review taking into consideration stakeholder comments. Recommendations will be made based on the evidence and the consensus of the guideline development group
SH	93	Golden Jubilee Regional Spinal Cord Injuries Centre	15	4.3.1b	Secondary survey to remove foreign bodies to prevent pressure sores	Thank you. This scoping document is intended to outline the broad areas that will be covered in the guideline. The GDG will identify and prioritise specific clinical areas for review taking into consideration stakeholder comments. Recommendations will be made based on the evidence and the consensus of the guideline development group
SH	94	Golden Jubilee Regional Spinal Cord Injuries Centre	16	4.3.1b	Rapid transfer to proper A&E trolley to prevent pressure sores	Thank you. This scoping document is intended to outline the broad areas that will be covered in the guideline. The GDG will

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						identify and prioritise specific clinical areas for review taking into consideration stakeholder comments. Recommendations will be made based on the evidence and the consensus of the guideline development group
SH	95	Golden Jubilee Regional Spinal Cord Injuries Centre	17	4.4a	See comment 4 above	Thank you for your comment. We have noted the association with transfer to a spinal cord injury centre and the documents related to this.
SH	96	Golden Jubilee Regional Spinal Cord Injuries Centre	18	4.4h	SIA has a large PROMS project running at present	Thank you for your comment.
SH	97	Golden Jubilee Regional Spinal Cord Injuries Centre	19	4.4e	Effective means for actually transferring images. IEP works, but most MTCs and SCICs do not have an identified team to work it 24/7	Thank you for your comment. This will be taken into consideration when developing the guideline.
SH	98	Society for Research in Rehabilitation	1	4.3.2	Treatment of spinal injury will not be covered. Does this include rehabilitation? In the scope, 3.2. e it highlights the need for early rehabilitation	Thank you. Aspects of rehabilitation will be addressed in the service delivery guidance.
SH	99	Society for Research in Rehabilitation	2	4.4d (e,f,h)	How will it be possible to measure outcome (4.4 d,e,f) if we do not measure input or treatment such as rehabilitation? The guideline suggests that only	Thank you. These outcomes are important as we will search for studies

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					assessment and documentation will be included. Rehabilitation is an essential part of recovery and quality of life and should be considered for inclusion into the guideline	that compare different forms of assessment and early management. Long term outcomes are important for evaluating the effectiveness of assessment or treatments. Aspects of rehabilitation will be addressed in the service delivery guidance.
SH	100	Society for Research in Rehabilitation	3	4.5.	It will be very difficult to measure this without including recommended treatment/rehabilitation in the guideline. If clinicians all have the same acute care practice in assessment and documentation as the scope currently suggests then there needs to be some consistency in care for post acute to prevent secondary complications which will directly impact on outcome. Rehabilitation is an essential part of recovery and quality of life and should be considered for inclusion into the guideline	Thank you. The scope now includes early management Aspects of rehabilitation will be addressed in the service delivery guidance.

These organisations were approached but did not respond:

Aintree University Hospital NHS Foundation Trust

Allergan Ltd UK

Association of British Insurers

Barchester Healthcare

Brain and Spine Foundation
British Dietetic Association
British Medical Association
British Medical Journal
British National Formulary
British Nuclear Cardiology Society
British Psychological Society
Cambridge University Hospitals NHS Foundation Trust
Capsulation PPS
Care Quality Commission (CQC)
Chartered Society of Physiotherapy
College of Emergency Medicine
Coloplast Limited
Covidien Ltd.
Croydon Health Services NHS Trust
Department of Health, Social Services and Public Safety - Northern Ireland
East and North Hertfordshire NHS Trust
Faculty of Dental Surgery
Faculty of Intensive Care Medicine
Five Boroughs Partnership NHS Trust
Golden Jubilee Regional Spinal Cord Injuries Centre
Greater Manchester Neurosciences Network
Health Quality Improvement Partnership
Healthcare Improvement Scotland
James Cook University Hospital
Johnson & Johnson Medical Ltd
Luton and Dunstable Hospital NHS Trust

Market Access & Reimbursement Solutions Ltd

MASCIP

Medicines and Healthcare products Regulatory Agency

Medtronic

Ministry of Defence

National Clinical Guideline Centre

National Collaborating Centre for Cancer

National Collaborating Centre for Mental Health

National Collaborating Centre for Women's and Children's Health

National Institute for Health Research Health Technology Assessment Programme

National Patient Safety Agency

National Treatment Agency for Substance Misuse

NHS Connecting for Health

NHS County Durham and Darlington

NHS Plus

NHS Sheffield

NICE TLOC GDG

North of England Critical Care Network

Nottingham City Council

Plymouth Hospitals NHS Trust

Primary Care Rheumatology Society

Public Health Wales NHS Trust

Public Health Wales NHS Trust

Royal College of General Practitioners

Royal College of General Practitioners in Wales

Royal College of Midwives

Royal College of Obstetricians and Gynaecologists

Royal College of Pathologists
Royal College of Physicians
Royal College of Psychiatrists
Royal College of Radiologists
Royal College of Surgeons of England
Royal National Orthopaedic Hospital NHS Trust
Royal Pharmaceutical Society
Scottish Intercollegiate Guidelines Network
Sheffield Childrens Hospital
Sheffield Teaching Hospitals NHS Foundation Trust
Social Care Institute for Excellence
Society for Research in Rehabilitation
Society of British Neurological Surgeons
South East Coast Ambulance Service NHS foundation Trust
South London & Maudsley NHS Trust
South West Yorkshire Partnership NHS Foundation Trust
Southport and Ormskirk Hospital NHS Trust
St John Ambulance
Trauma Audit & Research Network
University Hospitals Coventry and Warwickshire NHS Trust
University of Nottingham
Welsh Government
Western Sussex Hospitals NHS Trust
Yogaforbacks
York Hospitals NHS Foundation Trust