

Timely Head CT in TBI with Anticoagulation Pre-Injury

Ivascu, F. A., Janczyk, R. J., Junn, F. S., Bair, H. A., Bendick, P. J., & Howells, G. A. (2006). Treatment of trauma patients with intracranial hemorrhage on preinjury warfarin. *Journal of Trauma*, 61(2), 318-321. doi: 10.1097/01.ta.0000223944.25922.91. This single center matched control group study compared outcomes of anticoagulated trauma patients before and after implementation of an expedited triage or "Coumadin Protocol". Time to head CT was 132 min control vs 85 min in the study group ($p < 0.001$). Trauma center protocol for rapid identification of intracranial bleeding without a concomitant therapeutic protocol does not improve survival in head injured patients on preinjury warfarin.

Ivascu, F. A., Howells, G. A., Junn, F. S., Bair, H. A., Bendick, P. J., & Janczyk, R. J. (2005). Rapid warfarin reversal in anticoagulated patients with traumatic intracranial hemorrhage reduces hemorrhage progression and mortality. *Journal of Trauma*, 59(5), 1131-1137; discussion 1137-1139. This is a single center review of 82 anticoagulated patients with known or suspected head trauma entered into a "Coumadin protocol". The protocol ensured immediate triage and physician evaluation, head computed tomography (CT) scan, and fresh frozen plasma administration in patients with documented ICH. Neither the initial GCS nor INR in anticoagulated trauma patients reliably identifies patients with ICH. Rapid confirmation of ICH with expedited head CT scan combined with prompt reversal of warfarin anticoagulation with fresh frozen plasma decreases ICH progression and reduces mortality.