

3 October 2016

+44 (0)300 323 0140

Ms Julie Robertson,
Assistant Coroner
H M Coroner's Office
The Phoenix Centre
L Cpl Stephen Shaw MC Way
Heywood
OL10 1LR

Our ref: EH72969

Dear Ms Robertson,

I write in response to the Regulation 28 Report into the death of Mr Dildar Shariff. I was very sorry to learn of Mr Shariff's death

You explain in your report that you consider there to be a lack of awareness within the medical profession that people undergoing haemodialysis, or those with significant uremia due to renal failure, are at increased risk of a haemorrhage. Subsequently, you've asked for the significance of a head injury in such people to be incorporated into NICE guidelines.

We have noted the circumstances around Mr Shariff's death and the concerns you have raised, in relation to our existing guideline on the assessment and early management of head injury (accessible from our website: www.nice.org.uk/cg176).

Where our head injury guideline refers to "*any history of bleeding or clotting disorders*" as a risk factor in the assessment of head injury, we do not list all the possible causes or scenarios, as it would be difficult to offer an exhaustive list. However, it is our view that it is widely known by clinicians that people with renal failure, including those with uremia or on haemodialysis, are at an increased risk of bleeding (especially where warfarin anticoagulation is used).

Based on the circumstances you have described, we believe that at the second visit to the urgent care centre there was an opportunity for Mr Shariff to have had a CT scan (see recommendations in our head injury guideline that cover the criteria for performing a CT head scan in adults, specifically recommendations 1.4.7 and 1.4.8 which refer to risk factors of "*more than 1 episode of vomiting*" and "*any history of bleeding or clotting disorders*", respectively). Alternatively, he could have been admitted for observation (see recommendation 1.8, which sets out the criteria for

admitting patients to hospital following a head injury, and includes “*Continuing worrying signs (for example, persistent vomiting, severe headaches) of concern to the clinician*” in the list).

While we believe that our guideline does not need to be amended as a result of your report, your concerns have been logged with our guideline surveillance team, for their information when the guidance is next considered for update in 2017.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'A. Dillon', with a large, stylized flourish at the end.

Sir Andrew Dillon
Chief Executive