



**SDI FINAL EVALUATION FORM 1.1**

**PART 1:**

Journal Name:	<a href="#">British Journal of Medicine and Medical Research</a>
Manuscript Number:	2014_BJMMR_10435
Title of the Manuscript:	Use of Cranial Computed Tomography(CT) in Elderly Patients Presenting after a Fall: Can We Predict Those Having Abnormal Head CT Scans

**PART 2:**

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
According to my opinion, the revised form of this manuscript does not meet acceptance criteria.	<p>The authors fully realize that this retrospective study cannot be used to insist that a different decision strategy be used to evaluate elderly patients who have fallen and may require a head CT. It is, however, important preliminary information that may allow for prospective collection of information and the subsequent development of a more selective decision rule for elderly patients with fall as a mechanism of injury</p> <p>The manuscript is important. All studies to date have used a general population of patients with all kinds of mechanisms of injury. Age over 65 has been determined to be a risk factor for intracranial injury / positive CT head scan. Consequently age over 65 has been used as a reason to obtain a head CT for all patients having trauma as a mechanism. I agree that patients over 65 years of age undergoing trauma as a mechanism of injury are at higher risk of intracranial injury / positive CT head scans than younger, healthier patients. As a result every patient over age 65 with trauma as a mechanism gets a CT head scan because the decision rule states that they need one. These scans usually have a negative result. Our population deals only with patients over age 65 years and only with a fall, the most common mechanism of injury for that age group.</p> <p>Our results show only 2.8% of these patients have a positive CT head / intracranial injury and indicate the vast majority of the scans recommended, ie. mandated in today's risk management climate, because the patient is over 65 years of age are negative. A better way to decide who needs a head CT after a fall is needed to prevent unnecessary head CTs.</p> <p>The New Orleans Criteria, one rule used to grade risk, was applied to these elderly fall patients and found to predict all of the abnormal head CT scans. The sensitivity was 100%. If they are applied strictly, a difficult strategy due to vagaries of history and obtaining collateral information, then up to 20% of CTs could have been avoided. If less strictly, allowing for the lack of some historical information, then lesser reductions would be realized.</p>