

References and Literature Grading

Do patients on Direct Oral Anticoagulants (DOACs) require repeat imaging and a period of observation after a head injury with an initial negative CT? (4/8/2021)

Publication	Grade	Quality	Comments
Bamparas et al	D	Outstanding	A large retrospective multi-centered study that examines delayed ICH in patients taking DOACs. They described their methodology, and results well.
Cipriano et al	C	Outstanding	A single centered prospective study that examines both immediate and delayed ICH on patients taking VKA vs DOACs. The methodology and results are described well.
Chernoweth et al	C	Outstanding	A multi-centered prospective study delayed ICH for patients including patients on multiple different forms of anticoagulation and for patients on no forms of anticoagulation. The methodology and results are clear and easy to understand. Small sample size of patients on DOACs.
Verschoff et al	D	Outstanding	A large multi-centered retrospective study examining delayed ICH for patients on anticoagulation. Small sample size of patients on DOACs. Results and methodology is clear.
Mann et al	D	Outstanding	A single-center retrospective study examining delayed ICH with a small sample size of patients on DOACs.

			Methodology and results are clear.
Marcia et al	D	Adequate	A small single centered retrospective study examining delayed ICH. Small sample size of patients taking DOACs. Methodology is well explained however the results are unclear.
Bauman et al	D	Outstanding	A large single-centered retrospective study examining delayed ICH after a minor fall. Small sample size of DOAC patients. Clear methodology and results.

References:

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- 10) Chenoweth JA, Gaona SD, Faul M, Holmes JF, Nishijima DK. Incidence of Delayed Intracranial Hemorrhage in Older Patients After Blunt Head Trauma. *JAMA Surgery* 2018;153(6):570.
- 11) Bauman ZM, Ruggero JM, Squindo S, McEachin C, Jaskot M, Ngo W, Barnes S, Lopez PP. Repeat head CT? Not necessary for patients with a negative initial head CT on anticoagulation or antiplatelet therapy suffering low-altitude falls. *Am Surg.* 2017;83(5):429–435.
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