

10 MEDICO-LEGAL RED FLAGS IN PAEDIATRIC BRAIN INJURY CLAIMS

A solicitor-focused list to help identify breach,
causation risks, and long-term care implications in
paediatric TBI cases

This checklist was produced by INNEG based on key clinical insights shared during our May 2025 webinar on paediatric traumatic brain injury.

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Your Medico-Legal Partner
for Complex Legal Cases

IDENTIFYING RED FLAGS:

What to Watch for in Paediatric TBI Cases

1. Failure to perform timely CT or MRI: Missed imaging in the presence of focal neurological signs may indicate breach.
2. Delayed or missed cervical spine injury diagnosis: Head trauma may mask associated cervical spine injuries.
3. Inappropriate hospital transfer pathway: Not taking children to a Major Trauma Centre when indicated may worsen outcomes.
4. Non-compliance with NICE head injury guidelines: Failure to scan for repeated vomiting, drowsiness, or LOC risks breach.
5. Failure to prevent/manage secondary brain injury: Hypoxia, hypotension, raised ICP worsen outcomes; missed intervention is actionable.
6. Early settlement before age-appropriate neuropsych assessment: Cognitive deficits may not be measurable until age 5+.
7. Inadequate consideration of long-term epilepsy risk: Increased risk persists up to 20 years post-injury.
8. Overlooked endocrine dysfunction: Fatigue, growth issues, and mood disturbance may signal pituitary damage.
9. Failure to anticipate complex MDT input: Severe TBI requires multidisciplinary care planning.
10. Misinterpretation of birth trauma vs NAI: Requires expert imaging to distinguish accidental from non-accidental injuries.

Disclaimer: This checklist is for reference only and should not be considered legal advice