

DEPARTMENT: Trauma	POLICY TITLE: Response Expectations for Neurosurgical Emergencies
Page 1-1	REPLACES POLICY DATED: New
EFFECTIVE DATE: 08/2015	REFERENCE NUMBER: 783-101

PURPOSE: To provide a framework for response expectations of potential neurosurgical emergencies. Identified conditions require an immediate (30 minute or less) in person evaluation of the patient by the neurosurgeon.

Indications for immediate response from the time of notification of the neurosurgeon include the following:

1. ED or Trauma Surgeon determines that their expertise is required.
2. Acute Epidural Hematomas
 - a. Acute EDH in patients with GCS 5-8, greater than 2 cm in EDH thickness, brainstem compression or obliteration of cisterns
 - b. Acute EDH regardless of size with ipsilateral anisocoria
3. Acute Subdural Hematomas
 - a. Acute SDH with greater than 1 cm in thickness, and have midline shift greater than 1 cm at pineal level on true axial cuts with GCS 5-8
 - b. A comatose patient (GCS 5-8) with SDH less than 1 cm thick and a midline shift less than 1 cm if the:
 - i. GCS score decreased between the time of injury and hospital admission by 2 or more points
 - ii. Patient presents with or develops asymmetric or fixed and dilated pupils
 - iii. ICP exceeds 20 mm Hg
4. Posterior Fossa Mass Lesions
 - a. Patients with mass effect on CT scan or with neurological dysfunction or deterioration referable to the lesion. Mass effect on CT scan is defined as distortion, dislocation, or obliteration of the fourth ventricle; compression or loss of visualization of the basal cisterns, or the presence of obstructive hydrocephalus.

****Exclusions for immediate bedside availability include but are not limited to patients who have DNR/DNI, severe dementia, chronic severe medical co-morbidities, terminal illness, hemodynamic instability, a history of trauma beyond four hours, uncontrollable coagulopathy, unsalvageable neuro-trauma or significant atrophy.**

These guidelines are designed for the general use of most patients, but may need to be adapted to meet the special needs of a specific patient as determined by the patient's care giver.

References:

Brain Trauma Foundation. Guidelines for the Management of the Severe Traumatic Brain Injury. 3rd Edition.