

**UAMS MEDICAL CENTER
TRAUMA SERVICES MANUAL**

SUBJECT: Emergent Bedside Neurosurgery Consultation

REVIEWED: 11/2016, 11/2017, 11/2018, 9/2019

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RECOMMENDATION(S): Dr. Ron Robertson

APPROVAL: 07/01/2015

CONCURRENCE(S): Dr. J.D. Day

EFFECTIVE: 07/01/2015

PURPOSE:

To provide guidelines for Emergency Department bedside neurosurgery consultation in the traumatically injured patient.

POLICY:

Any trauma patient requiring Neurosurgical Emergency Department bedside consultation will be evaluated by the consultant within 30 minutes of request.

Neurosurgery consultation is required as an emergent bedside consultation in high risk trauma patients who present with any of the following:

- Penetrating wounds of the brain or spine
- Moderate and Severe Traumatic Brain Injury: GCS < 10
- Spinal Cord Injury
- Depressed Skull Fracture
- Persistent post-traumatic seizures
- Neurologic deterioration (GCS score decreased of 2 or more points) after patient's arrival in the Emergency Department

The Trauma Surgeons should be present at the bedside for these injuries based on activation criteria and will initiate initial management and stabilization of the neurotrauma patient. See clinical management guideline "Initial Management of the Head Injury Patient" for evaluation and initial management pathway.

It is the responsibility of the Neurosurgery Resident responding to the consultation request to ensure their time of arrival is accurately recorded on the trauma flow sheet by the primary trauma nurse. This will be the source of the time documentation used to determine compliance with this policy