

**UAMS MEDICAL CENTER**  
**ACS SERVICES MANUAL**

**SUBJECT:** Neurotrauma Diversion/Credentialing Plan  
**UPDATED:** 04/2018, 1/2023

**PAGE:** 1 of 2  
**EFFECTIVE:** 01/05/2023

**RECOMMENDATION(S):** Kyle J. Kalkwarf, MD  
**CONCURRENCE(S):** JD Day, MD

**APPROVAL:** 07/01/2016

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**PURPOSE:**

To define the process for implementation of a neurotrauma diversion plan when the neurosurgeon on call becomes encumbered.

**POLICY:**

The on-call Neurosurgery Faculty is dedicated to UAMS for the emergency evaluation and management of neurosurgical trauma. If this attending physician becomes encumbered and additional neurosurgical resources are required, the backup Neurosurgeon will be notified. If necessary, the ACH on-call Faculty serve as a second backup in cases of extreme demand. If all neurosurgery faculty are encumbered, the Chair of the Department of Neurosurgery deems that the Trauma Surgery Faculty can provide the initial neurotrauma evaluation and stabilization of trauma patients.

**GUIDELINE**

The Neurosurgery Faculty will notify the Trauma Surgery Attending if the neurosurgery service cannot provide care to additional, severe neurotrauma patients. This notification will include an estimate of the duration of disrupted emergency neurosurgical availability. The Trauma Surgery Faculty will determine and implement a response strategy appropriate to the circumstances described by the on-call Neurosurgeon.

The strategy may include:

- Notifying of the Arkansas Trauma Communication Center (ATCC) of a delayed or closed status to severe neurotrauma
- Acceptance on a case-by-case basis of patients without a neurosurgical operative need.

When neurosurgical readiness normalizes, the Neurosurgery Faculty will notify the Trauma Surgery Attending, who will ensure that an immediate update is made to the facility status on the ATCC dashboard. The Trauma PI process will review all cases requiring transfer, bypass, or diversion based on this policy.

**Trauma Surgeon Neurosurgical Evaluation:**

To provide timely and appropriate care for brain or spinal cord injured patients, a trauma surgeon may initiate the management of these injuries before the arrival of the trauma neurosurgeon. The Chair of the Department of Neurosurgery reviews the education and training of the Trauma Surgeon Faculty and deems they are approved to provide the initial evaluation and stabilization of the neurotrauma patient. If any of the Trauma Surgeon Faculty are not approved by the Chair of Neurosurgery to provide the aforementioned care, the Chair of Neurosurgery will inform the

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Trauma Medical Director to allow for this information to be disseminated and for contingency plans to be created, when necessary.

Factors to be considered by the Chair of Neurosurgery when considering Trauma Surgeon approval include but are not limited to:

- Clinical competence in performing neurologic evaluations and initiating treatment for serious neurologic injuries as reviewed in the PIPS process
- Current in ATLS certification
- Utilization of the Brain Trauma Foundation's Guidelines for the Management of Severe Traumatic Brain Injury
- Current Board Certification (or Board Eligible status) in Surgical Critical Care or Neuro Critical Care