

PRACTICE GUIDELINE

Effective Date: **4-1-16**
Services

Manual Reference: **Deaconess Trauma**

TITLE: MANAGEMENT OF NEUROSURGICAL EMERGENCIES

PURPOSE: To provide a guideline for identifying neurosurgical emergencies.

GUIDELINES:

1. In the event of a neurosurgical emergency, the neurosurgical service must be immediately available. Neurosurgeons must be continuously available for traumatic brain injury and spinal cord injury patients. The neurosurgeon or neurosurgical midlevel must respond to physically assess the patient within 30 minutes after the consult is received. After business hours, the trauma surgeon must call emergent consults directly to the neurosurgeon.
2. Although other situations may warrant urgent discussion with the neurosurgery team, the following criteria require emergent bedside evaluation as noted above.
 - a. Neurosurgical Emergency Criteria
 - i. Acute Epidural Hematoma with midline shift.
 - ii. Acute Subdural Hematoma with midline shift and clinical signs of herniation (excludes therapeutic anticoagulated patients or those deemed nonviable)
 - iii. Spinal Cord Injuries deemed emergent by Trauma Surgery and/or Neurosurgery.
 - b. For patients taken to surgery for Craniotomy or for Spinal Cord Injured patients deemed emergent by Neurosurgery
 - i. Once the decision to go to the OR is made, emergent cases scheduled by the neurosurgeon should be in the OR within 30 minutes

REFERENCES:

- ❖ American College of Surgeons. (2014). *Resources for Optimal Care of the Injured Patient*.

REVIEWED DATE	REVISED DATE
MAR 2017	FEB 2016
JAN 2018	OCT 2020
JAN 2019	
AUG 2020	
JUNE 2021	