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Neurosurgeon Trauma Call Panel Process

Purpose: To delineate the requirements for Neurosurgeons participating on the Trauma Call Panel

Guidelines:

- A. From 0730 to 0730 each day, including weekends, the Neurosurgeon trauma call panel has a primary surgeon on call exclusively for Deaconess Midtown Hospital
 - a. If at any time a Neurosurgeon is not available exclusively to Deaconess Midtown Hospital, a back-up Neurosurgeon will be available
 - b. The Neurosurgery call schedule, including back-up, shall be published

- B. While on trauma call, the Neurosurgeon will perform all services necessary to provide the patients of Deaconess Regional Trauma Center with the level of on-call neurosurgical services that should reasonably be provided by a Level II Trauma Center according to the guidelines set forth by the American College of Surgeons (ACS)
 - a. The Neurosurgical Trauma Medical Director will be available for consultation when needed

- C. If the on-call Neurosurgeon and the back-up Neurosurgeon become encumbered, the Trauma Surgeon will be notified and activate Midtown Hospital's diversion plan Level 4 (Surgical Trauma Diversion)
 - a. See Hospital Policy and Procedure 40-54

- D. Contingency plan: to be instituted when the on-call and the back-up Neurosurgeon are encumbered upon the arrival of a neurotrauma patient
 - a. The Trauma Surgeon will provide initial evaluation and stabilization of the neurotrauma patient
 - b. Transfer agreements are in place with similar or higher-verified trauma centers
 - c. The Trauma Surgeon will have direct contact with the accepting facility to arrange for expeditious transfer or ongoing monitoring support
 - d. Monitoring of the efficacy of the transfer process will be monitored by the PIPS program

- E. Services for which the Neurosurgeons are responsible shall include, but shall not be limited to, the following
 - a. Determining whether to assign a trauma patient of the Trauma Center to an appropriate admission physician specialist and unit
 - b. In the event of a neurosurgical emergency, neurosurgical evaluation by a Neurosurgeon or Neurosurgical Advance Practice Provider must occur within 30 minutes of request by the Emergency Department physician or Trauma Surgeon for neurosurgical emergencies
 - i. See Management of Neurosurgical Emergencies guideline
 - c. Admitting isolated neurosurgical injuries to Trauma Services, consulting Trauma Surgeon as needed
 - d. Participating in chart review and peer review activities as requested by the Trauma Program Manager and/or Trauma Medical Director
 - e. Being designated only to Deaconess Midtown Hospital when on call for Deaconess Midtown Hospital
 - f. Supplying a signed History and Physical (H&P) or Consultation dictation on Trauma Service's patients

- F. Refer to the "Trauma Team Attending Credentials" guideline for requirements for participation on the Neurosurgery Trauma Call Panel. Attendance on the Trauma Call Schedule is a privilege extended to qualified physicians by the Medical Director of Trauma Services

- G. A complete list of designated Neurosurgeons that meet trauma requirements for a trauma call panel is available upon request.

References:

- Resource for Optimal Care of the Injured Patient, 2014