

## PRACTICE GUIDELINE

Effective Date: 4-16-04

Manual Reference: Deaconess Trauma Services

### TITLE: NEUROSURGEON TRAUMA CALL PANEL PROCESS

**PURPOSE:** To delineate the requirements for Neurosurgeons participating on the Trauma Call Panel.

**POLICY:** The following requirements must be met by Neurosurgeons participating on the Trauma Call Panel.

### GUIDELINES:

- A. Daily, including weekends, from 8 am to 8 am the Neurosurgeon trauma call panel has one surgeon on call. A backup Neurosurgery trauma call schedule is also published.
  - If the on call Neurosurgeon and the back-up Neurosurgeon become encumbered, the trauma surgeon will be notified and activate the hospital's diversion plan Level 4 (Surgical Trauma Diversion, see Hospital Policy 40-54)
  - Contingency plan: to be instituted when the on call and the back-up neurosurgeon are encumbered upon the arrival of a neurotrauma patient:
    - The Trauma Surgeon will provide initial evaluation and stabilization of the neurotrauma patient.
    - Transfer agreements are in place with similar or higher-verified trauma centers.
    - The Trauma Surgeon will have direct contact with the accepting facility to arrange for expeditious transfer or ongoing monitoring support.
    - Monitoring of the efficacy of the transfer process will be monitored by the PIPS program.
- B. From 8 am to 8 am each day, including weekends, the Neurosurgeon on call will perform all services necessary to provide the patients of the Trauma Center with the level of on-call Neurosurgeon surgical services that should reasonably be provided by a Level II Trauma Center according to the guidelines of the American College of Surgeons. The Neurosurgeon Trauma representative will be available for consultation when needed.
- C. Services for which the Neurosurgeons are responsible shall include, but shall not be limited to, the following:
  1. Determining whether to assign a trauma patient of the Trauma Center to an appropriate admission physician specialist and unit.
  2. Responding to a consultation in the Emergency Department within 30 minutes of notification by the Emergency Department physician or Trauma Surgeon that the need exists to assess the trauma patient.

3. Responding to a consultation in the Emergency Department within 30 minutes of notification by the Emergency Department physician or Trauma Surgeon for neurosurgical emergencies (see Management of Neuro Emergencies).
  4. Admitting isolated Neurosurgical injuries to Trauma program, consulting Trauma Surgeon as needed.
  5. Supplying a signed History and Physical or Consultation dictation on Trauma Service's patients within 24 hours.
  6. Participating in chart review and peer review activities as requested by the Trauma Program Manager &/or Trauma Medical Director.
- D. 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.
- E. A complete list of designated Neurosurgeons that meet trauma requirements for a trauma call panel is available upon request.
- F. Emergent consultations for pediatric neurosurgical problems should proceed as follows:
1. Call to Dr. Mike Chou to see if available for consultation.
  2. If Dr. Chou is not immediately available, call should be placed to on call neurosurgeon to see if they are willing/able to treat patient.
  3. If on call neurosurgeon not able to care for patient, the patient will need to be transferred.
- G. If a complex neurotrauma case is requiring transfer to a higher level of care:
- The Trauma Surgeon will provide initial evaluation and stabilization of the trauma patient.
  - Transfer agreements are in place with similar or higher-verified trauma centers.
  - The Trauma Surgeon will have direct contact with the accepting facility to arrange for expeditious transfer or ongoing monitoring support.
  - Monitoring of the efficacy of the transfer process will be monitored by the PIPS program.

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**REFERENCES:**

- Resource for Optimal Care of the Injured Patient: 2014

<b>REVIEWED DATE</b>	<b>REVISED DATE</b>
JAN 2005	JAN 2008
JAN 2006	MAR 2014
JAN 2007	AUG 2016
JAN 2010	OCT 2016
OCT 2011	
AUG 2014	
JAN 2017	
JAN 2018	
JAN 2019	
AUG 2020	