

Neurosurgery Emergent Consult Evaluations

Purpose:

Neurotrauma care must be continuously available for all TBI and spinal cord injury patients and must be present and respond within **30 minutes** based on institutional-specific criteria.

Background:

The intent is that neurosurgical care is promptly available for the acute care of the brain injured and spinal cord injured patient to include an in-person evaluation within 30 minutes. The time should start when the request is made to the neurosurgeon (time of page or call). The specific types of patients or clinical scenarios should be developed by each institution and agreed.

Criteria for immediate (30 min or less) response:

TBI:

- Severe TBI (GCS less than 9) with head CT evidence of intracranial trauma
- Moderate TBI (GCS 9–12) with head CT evidence of potential intracranial mass lesion
- Acute EDH, SDH

SCI:

- Neurologic deficit as a result of potential spinal cord injury
- CT signs of cord impingement

Other

- Trauma surgeon discretion

Responding team:

- A neurosurgery resident or orthopaedic resident of any level may act as a temporary consultant as long as there is communication and documentation with the neurosurgery or spine attending surgeon.

Performance Improvement Measure:

- The time is measured from time of request until start of neurosurgical evaluation

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