

Guidelines for Evaluation and Management of Neurosurgical Trauma Patients Draft 1/19/08

1. All patients arriving at VUMC as a Level 1 trauma, including isolated gunshot wounds to the head will be evaluated by the Trauma Surgery Service. Any critically ill (intubated) and/or multi-trauma patient will be admitted by the Trauma Service. If after full work up in the ED by the Trauma Team, including the Trauma Attending, and 24 hours observation on the Trauma Service and for a hemodynamically stable patient where only an isolated Neurosurgical injury requiring operative intervention is found, Neurosurgery will agree to transfer the patient to the Neurosurgery Service.

2. If a patient is referred to VUMC through the Transfer Center and was involved in a MVC, fall from a significant height or sustained significant trauma which could involve more than one organ system, the Trauma Surgery Service will determine acceptance to Vanderbilt for evaluation and management. If after full work-up in a hemodynamically stable patient, an isolated Neurosurgical injury is found that requires Neurosurgical operative intervention, guideline number 1 will apply after Attending to Attending discussion.

3. All patients arriving at VUMC as a Level 2 trauma will be evaluated by the ED service. If after full work up and evaluation by the ED attending and Trauma Team, an isolated Neurosurgical injury requiring Neurosurgical operative intervention is found, that patient will be transferred to the Neurosurgical Service for further management and disposition, postoperatively. If indicated, non-operative isolated Neurosurgical injuries will be observed on the Trauma Service.

4. No patient may be accepted by one service and then admitted to the other service without consultation and mutual agreement between the attending on call of the Neurosurgical Service and the Trauma Service.

5. If operative intervention is necessary in an isolated neurosurgical injury, that patient will be managed on the Neurosurgical service and appropriate follow-up organized. Patients sustaining closed head injury not requiring Neurosurgical operative intervention will not be referred to the Neurosurgical clinic for further follow-up or rehabilitation.

6. In the event that a non-neurosurgical injury is found in a delayed fashion, either in-house or during clinic visits, the Trauma Surgery Service will agree to resume management of the patient expeditiously and organize appropriate workup and management with additional consultation and disposition as necessary.

7. If an referring physician wishes to discuss transfer of a patient with an isolated injury directly with a VUMC Neurosurgeon, that surgeon should not defer that decision to a Trauma attending.