The University of Arkansas for Medical Sciences
Trauma Clinical Practice Management Guideline

SUBJECT: Neurosurgery Emergent Bedside Consultation

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PURPOSE: To provide guidelines for Emergency Department bedside neurosurgery consultation in the traumatically injured patient.

POLICY: Any trauma patient requiring Neurosurgical Emergency Department bedside consultation will be evaluated by the consultant within 30 minutes of request.

Neurosurgery consultation is required as an emergent bedside consultation in high-risk trauma patients who present with any of the following:

- Penetrating wounds of the brain or spine
- Moderate and Severe Traumatic Brain Injury: GCS ≤ 12
- Spinal Cord Injury
- Depressed Skull Fracture
- Persistent post-traumatic seizures
- Neurologic deterioration (GCS score decreased by ≥ 2) after the patient arrived in the Emergency Department
- Trauma Surgeon's discretion

The Trauma Surgeon should be present at the bedside for these injuries based on activation criteria and will initiate initial management and stabilization of the neurotrauma patient. Refer to the clinical management guideline “Initial Management of the Head Injury Patient” for evaluation and initial management pathways.

It is the responsibility of the Neurosurgery Resident responding to the consultation request to ensure that their arrival time is accurately recorded on the trauma flow sheet by the primary trauma nurse. This will be the source of the time documentation used to determine compliance with this policy.

This guideline was prepared by the UAMS ACS Division based on a recent literature review. It is intended to support clinical decision-making and should be used at the discretion of the trauma team, as it is not a fixed policy or protocol.