

**OREGON STATE TRAUMA ADVISORY BOARD
PATIENT MANAGEMENT RECOMMENDATIONS**

Neurotrauma Management Guidelines

These guidelines are intended to apply to those institutions with neurosurgical and 24-hour radiology capabilities. In some cases, the needs of the patient may exceed the capabilities and resources of the institution. These situations need to be evaluated on a case-by-case basis and transfer facilitated to a higher level of care as soon as possible.

Blunt/ Penetrating Head Trauma	Guidelines of Care	CQI Indicators
Patients presenting with: GCS of ≤ 8	<ul style="list-style-type: none"> ▪ CT within 30 minutes ▪ Neurosurgical consult on call and promptly available to the patient within 30 minutes of notification. ▪ Neurosurgical ICU note everyday ▪ ICP monitoring with treatment protocols at minimum in compliance with AANS standards. ▪ Evacuation of mass lesion or penetrating injury to OR within 1 hour* of determination of need for OR. ▪ CPP management > 60 mmHg 	<ul style="list-style-type: none"> ▪ CT scan > 30 minutes ▪ Neurosurgical consult > 30 minutes of notification. ▪ Daily neurosurgical ICU note absent. ▪ ICP monitor not done ▪ ICP treatment protocol not in place ▪ Operation for decompression /penetrating injury > 1 hour after determination of need. ▪ CPP management < 60 mmHg
Patients presenting with: GCS of 9- 12	<ul style="list-style-type: none"> ▪ CT within 30 minutes ▪ Neurosurgical consult on call and promptly available to the patient within 30 min. of notification. ▪ Neurosurgical ICU note everyday ▪ Evacuation of mass lesion or penetrating injury to OR within 1 hour* of determination of need for OR. 	<ul style="list-style-type: none"> ▪ CT scan > 30 minutes ▪ Neurosurgical consult > 30 minutes of notification. ▪ Daily neurosurgical ICU note absent. ▪ Operation for decompression /penetrating injury > 1 hour after determination of need.
Patients presenting with: GCS of 13-15	<ul style="list-style-type: none"> ▪ CT within 1 hour if indicated ▪ Neurosurgical consult within 30 min. of notification if CT is abnormal and attending physician requests consult. ▪ Evacuation of mass lesion or penetrating injury to OR within 1 hour* of determination of need for OR. 	<ul style="list-style-type: none"> ▪ CT scan > 1 hour if indicated ▪ Neurosurgical consult > 30 min. of attending physician's request in a patient with abnormal CT. ▪ Operation for decompression /penetrating injury > 1 hour after determination of need.

Blunt/ Penetrating Head Trauma	Guidelines of Care	CQI Indicators
Complete and Incomplete	<ul style="list-style-type: none"> ▪ 24-hour MRI availability- MRI within 3 hours of neurosurgeon request. ▪ Plain film radiographs or CT within 30 minutes. ▪ Steroid Protocol used in patients with motor deficits within 8 hours of injury. ▪ Appropriate chart documentation daily. ▪ ICU placement for complete/incomplete injuries with motor deficits. ▪ Spine surgeon consult on call and promptly available to the patient within 30 min. ▪ Spinal clearance guidelines in compliance with STAB/EAST management recommendations 	<ul style="list-style-type: none"> ▪ MRI not available ▪ MRI > 3 hours of request ▪ Plain films or CT > 30 min. ▪ Steroid protocol not used in patients with motor deficits within 8 hours of injury. ▪ Daily chart not absent ▪ Complete/incomplete injuries with motor deficits not placed in ICU ▪ Spine surgeon consult >30 min. of notification. ▪ Spinal clearance guidelines absent or not used.

**Skin cut time per OAR*

Approved: Oregon State Trauma Advisory Board, April 2002