

## Neurosurgical Guideline for Pediatric Trauma Patients Requiring Transfer

**Purpose:** To provide Trauma Surgeons with guidance regarding the type and severity of pediatric neurologic injuries that the neurotrauma physician panel will manage at St. Vincent Evansville Level II Pediatric Trauma Center.

**Scope:** Pediatric trauma patients with consideration for patient transfer for definitive care of neurotrauma injuries.

## **Protocol:**

- 1. After initial trauma assessment, a pediatric patient in whom a neurotrauma injury is identified requiring neurosurgical evaluation, a consult is initiated. If the evaluation is deemed urgent or emergent, a direct call to the neurosurgeon is warranted. If any consideration for transfer is suspected, the neurosurgeon on call must see and examine the patient and document their examination findings as well as indication for transfer in a consult note.
- 2. The decision to transfer the patient cannot be completed without an examination by the attending neurosurgeon. An examination by the physician extender will not suffice unless the neurosurgeon is not immediately available and it is felt that delay will increase risk to the patient. In this instance, the neurosurgeon must speak directly with the trauma surgeon and the trauma surgeon must document this conversation in the record.
- 3. If transfer is recommended by the attending neurosurgeon, the neurosurgical trauma liaison, Dr. Eric Goebel, must be consulted prior to the transfer, if he is available and/or the transfer is not deemed urgent or emergent. This discussion will be initiated by the neurosurgery attending. Dr. Goebel will determine whether the patient should be transferred or if the appropriate care can be provided at St. Vincent Evansville Trauma Center. This step meets the requirements of the American College of Surgeons-Committee on Trauma. The reason for transfer must be documented in the patient record.
- 4. In Dr. Goebel's absence, Dr. Neil Troffkin should be contacted prior to patient transfer.

**Reference:** Resources for Optimal Care of the Injured Patient, 2014. (American College of Surgeons)

## **Review/Revision History:**

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