

Patient with acute neurosurgical pathology at risk of deterioration in RIE ED

Discussion with neurosurgery who will advise:

Plan: Immediate Surgery

Transfer immediately to theatre without delay

Neurosurgery call:
- 2200 for Anaesthetist
- DCN theatre team

ICU to be informed if expected need for post-operative intubation

Plan: Direct Admission to ICU

Prioritise ICU transfer
Neurosurgery call:
- 2306 for ICU

ED call:
- Anaesthetics for ICU transfer

Plan: Admission to DCN

Neurosurgery arrange bed in DCN.

If patient deteriorates >2 points GCS or 1 point on GCS Motor score, for neurosurgical review

All patients arriving in ED

- Admitted to TRAK by ED team
- FBC, U&E, Coag, G&S by ED team

Patients in another hospital's ward or ITU should be transferred directly to DCN ward, RIE ITU, or theatre, as appropriate.

November 2022. For review November 2023

Patient with acute neurosurgical pathology at risk of deterioration in another Hospital ED

Discussion with neurosurgery who will advise:

Plan: Immediate Surgery

Neurosurgery call:
- 23687 to alert ED
- 2200 for Anaesthetist
- DCN theatre team
- 2306 for ICU

Plan: Direct Admission to ICU

Neurosurgery call:
- 2306 for ICU
- 23687 to alert ED
- 2200 for Anaesthetist

Plan: Admission to DCN ward

Neurosurgery call:
- 23687 to alert ED
- DCN Bed manager

Referring hospital consider intubation if GCS deteriorating or <9

Transfer to RIE ED for anaesthetic assessment

Transfer immediately to theatre without delay. Anaesthetics to lead transfer

Transfer immediately to ICU without delay. Anaesthetics to lead transfer

ED to assess
-GCS 14/15 - direct admission to DCN
-GCS <=13 neurosurgery to be informed

Intubation in ED if required