

Isolated Head Injury Pathway

Adult and Paediatric



Traumatic mechanism
AND
GCS < 9 or deteriorating
AND
Abnormal CT




Stable GCS 9 - 15
AND
Abnormal CT




Time Critical Transfer

Request **Time Critical Transfer** from ambulance service.

Inform St Georges Hospital:
ED Trauma Consultant 020 8672 1255 Bleep 8021
Or Majors Desk: 020 8725 1222

 10 minute pre-alert to ED


**Accepted by neurosurgery
for immediate transfer***

Discuss with MTC



Neurosurgical Registrar 020 8672 1255 - Bleep 7242

All referrals to go through www.referapatient.org

In case of inability to reach the neurosurgical registrar, or inability to agree on a clinical plan; the on-call neurosurgical consultant can be contacted via switchboard, by the most senior local team member. In cases of rapid clinical deterioration: if the neurosurgical consultant is not contactable please contact the ED Trauma Consultant at the MTC

Intubate if required. Ventilate to normocapnoea

Keep MAP > 90 mmHg
High dose steroids not indicated
Transfer using full spinal precautions

-  Unless going directly to theatres, patients should be transferred to the ED, with appropriate pre-alert. This allows further investigation and aids coordination of trauma services.
-  Local units should not be involved with finding ICU beds or out-of-region neurosurgical referrals. Urgent transfer should not be delayed. In most cases ED will be able to care for the patient until a bed is found.