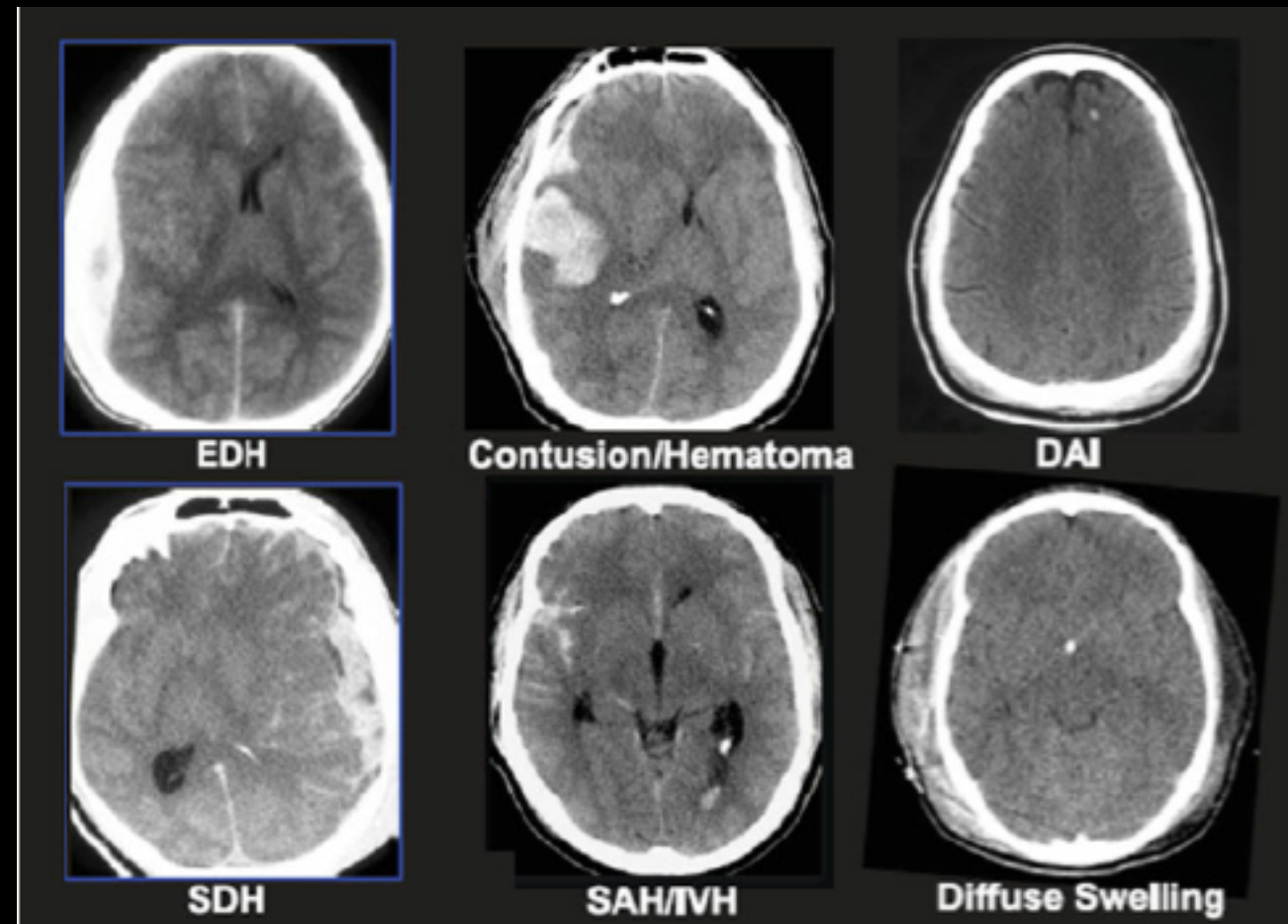


IMAGING

- NICE guidelines 2014
- Indications for CT head <1 hour:
 - GCS <13 initially
 - GCS <15 @ 2h after injury
 - suspected open or depressed skull fracture
 - any sign of BOS fracture
 - post traumatic seizure
 - FND
 - >1 x vomit



* A provisional written radiology report should be made available within 1 hour of the scan being performed. [new 2014]

TRANSFER

- AAGBI guidelines, 2006

Table 5 AAGBI check list for transfer of adult neurosurgical patients

Respiration

$PaO_2 > 13 \text{ kPa}$ and $PaCO_2 < 5 \text{ kPa}$?

Airway clear? Airway protected adequately?

Intubation and ventilation required?

Circulation

MBP $> 80 \text{ mm Hg}$, pulse $< 100 \text{ min}^{-1}$?

Peripheral perfusion? Two reliable large i.v. cannulae *in situ*?

Estimated blood loss already replaced?

Arterial line? Central venous access if appropriate?

Head injury GCS?

GCS trend (improving/deteriorating)?

Focal signs? Skull fracture? Seizures controlled?

Raised ICP appropriately managed?

Other injuries

Cervical spine injury (cervical spine protection), chest injury, fractured ribs, pneumothorax excluded? Intrathoracic, intra-abdominal bleed? Pelvic, long bone fracture? Extracranial injuries splinted?

Escort doctor

Escort adequately experienced? Instructed about this case?

Transfer documentation prepared? Money in case of emergencies?

Adequate equipment and drugs? Can use equipment and drugs?

Sufficient oxygen supplies? Case notes and X-rays?

Where to go in the neurosurgical unit? The name and the bleep number of the receiving doctor?

Telephone numbers programmed into mobile phone? Mobile phone battery fully charged?
