TRANSFER

- AAGBI guidelines, 2006

Table 5 AAGBI check list for transfer of adult neurosurgical patients

Respiration
- Pa_{O_2} > 13 kPa and Pa_{CO_2} < 5 kPa?
- Airway clear? Airway protected adequately?
- Intubation and ventilation required?

Circulation
- MBP > 80 mm Hg, pulse < 100 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?

ANAESTHESIA FOR TRAUMA CRANIOTOMY

- Time critical surgical intervention - acute SDHs in severe TBI have 90% mortality if evacuated >4h after injury, vs 30% if <4h
- Goals: optimise CPP, prevent intracranial HTN, adequate anaesthesia and analgesia, prevent secondary insults
- Volatile agents - effects on CMRO2, CBF and ICP are minimal below 1 MAC
- Avoid nitrous oxide
- IV agents reduce CBF and ICP but propofol can cause significant hypotension