

Electronic Neurosurgical Referrals

ensures proper documentation of the timings and quality of the information exchange

eyeball icon should change when reviewed

Event	First action	Subsequent action	No response
Critical neurosurgical emergency or Rapid deterioration	Electronic referral first	Early Follow up DECT phone 88929 or 88928	1) Page 17777 if no response ↓ 2) Ensure ED Senior aware. ↓ 3) Escalate to ED & Neurosurgical Consultants.
Urgent	Electronic referral first	Follow up DECT phone if no response by 1 hour	Escalate to ED Senior
Routine	Electronic referral first	Follow up DECT phone if no response by <2 hours	If no response - clarify if escalation required (see examples below)

Examples presenting overnight that *may* wait till 8am for response

Stable head injury with features such as e.g.

- Minor contusional injury (GCS 14-15, minimal mass lesion on CT)
- CSF leak/traumatic subarachnoid haemorrhage (not 1y SAH -> 2y HI from collapse)
- Acute intracerebral haematoma (in isolation) <3cm in diameter (unless in cerebellum with evidence of hydrocephalus) or associated with intraventricular haemorrhage.
- Stable cervical, thoracic or lumbar spine fractures (no neurological deficits / sensory loss)
- Incidental unruptured aneurysms, tumours, etc with normal conscious level.

Special Circumstances

Registrar in Theatre 0141 201 2134	Registrar or Theatre staff should escalate/divert to the on-call Consultant who will liaise with the ED. Allows registrar to continue operating. Avoids “second-hand” information transfer and miscommunication.
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