

OV-UCLA INPATIENT TRANSFER GUIDANCE: NEUROSURGICAL EMERGENCIES

INDICATIONS FOR POTENTIAL EMERGENCY TRANSFER

- Acute cerebral hemorrhages, including:
 - Subarachnoid hemorrhage (traumatic or spontaneous)
 - Intracerebral Hemorrhage (ICH score > 0)
 - Subdural or Epidural Hemorrhage
- Any lesion with significant mass effect (e.g. midline shift > 5 mm, hydrocephalus, or increased ICP with risk or concern for herniation)
- Acute or subacute spinal cord or cauda equine compression (e.g. abnl exam with sensory level, motor deficit, or MRI evidence of cord compression with CSF block or abnl cord signal)

Emergency Transfer May Not be Indicated

1. **Mild traumatic brain injury** (no or trace blood, no fracture, GCS \geq 14, with stable scan)
2. **Space occupying lesion with minimal mass effect:** midline shift < 5 mm, no concern for herniation or increased ICP
3. **Chronic mild spinal cord compression** no neurological deterioration, without cord signal change or CSF block around cord
4. **Chronic subdural hematoma** (no acute blood products, size < 7 mm, no midline shift, no recent change in size if prior imaging available)

1. Contact LAC+USC Neurosurgery to discuss case via MAC (866-940-4401)*

2. If no immediate neurosurgery intervention planned but needs monitoring in Neurocritical Care ICU, contact LAC+USC Neurocritical Care Attending (Gold Service) via MAC

3. For Emergency Life Threatening Condition Transfers, notify the OV-UCLA CMO on call @ 747-210-3000

5. If no DHS beds available, page OV-UCLA CMO on call for approval to transfer to nearest trauma or stroke center

1. Contact LAC Neurosurgery via MAC (866-940-4401) to discuss patient's case

2. If no indication for emergent Neurosurgical intervention may call LAC+USC Neurology Gold Service or Medicine via MAC

3. If no indication for emergent transfer to LAC+USC Neurology or Medicine, may undergo initial evaluation and treatment at Olive View-UCLA

4. Re-evaluate transfer if imaging or condition worsens

1. *First step: Call LAC-USC Neurosurgery resident via MAC (1-866-940-4401). If no response, page resident directly (contact is on AMION: LOGON = LACUSC)

2. IF NO RESPONSE OR DISAGREEMENT WITH NS RESIDENT, CALL LAC NEUROSURGERY ATTENDING (contact is on AMION: LOGON = LACUSC). If no response or if there is a disagreement with NS attending, page LAC NS Service Chief Dr. Arun Amar (pager 213-508-0000), or the LAC Chief Medical officer of the day via MAC.

3. IF NO RESPONSE FROM NS SERVICE CHIEF, ask MAC to connect to the LAC+USC Medical Officer of Day, or page OV CMO on call for further help.

4. ONCE TRANSFER ACCEPTED, CALL UTILIZATION MANAGEMENT AT x74890. Notify them of accepting facility and accepting physician. Utilization Management will then take the lead over the transfer process.

OV-UCLA ED TRANSFER GUIDANCE: NEUROSURGICAL EMERGENCIES

INDICATIONS FOR POTENTIAL EMERGENCY TRANSFER

- **Acute cerebral hemorrhages, including:**
 - Subarachnoid hemorrhage (traumatic or spontaneous)
 - Intracerebral Hemorrhage (ICH score > 0)
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- **Any lesion with significant mass effect** (e.g. midline shift > 5 mm, hydrocephalus, or increased ICP with risk or concern for herniation)
- **Acute or subacute spinal cord or cauda equine compression** (e.g. abnl exam with sensory level, motor deficit, or MRI evidence of cord compression with CSF block or abnl cord signal)

1. **Contact LAC+USC Neurosurgery** to discuss case via MAC (866-940-4401)*
2. **If no immediate neurosurgery intervention planned but needs monitoring in Neurocritical Care ICU**, contact LAC+USC Neurocritical Care Attending (Gold Service) via MAC (866-940-4401)
3. **If transfer is delayed**, may initiate ED to ED transfer
4. **If patient acuity demands urgent/emergent transfer but no DHS beds are available**, page Chief Medical Officer on-call @ 747-210-3000 to obtain approval for transfer to nearest trauma or comp stroke center

Emergency Transfer May Not be Indicated

1. **Mild traumatic brain injury** (no or trace blood, no fracture, GCS \geq 14, with stable scan)
2. **Space occupying lesion with minimal mass effect:** midline shift < 5 mm, no concern for herniation or increased ICP
3. **Chronic mild spinal cord compression** no neurological deterioration, without cord signal change or CSF block around cord
4. **Chronic subdural hematoma** (no acute blood products, size < 7 mm, no midline shift, no recent change in size if prior imaging available)

1. **Contact LAC Neurosurgery** via MAC (866-940-4401) to discuss patient's case
2. **If no indication for emergent Neurosurgical intervention or ED to ED transfer**, may call LAC+USC Neurology Gold Service or Medicine via MAC
3. **If no indication for emergent transfer to LAC+USC Neurology or Medicine**, may undergo initial evaluation and treatment at Olive View-UCLA
4. **Re-evaluate** transfer if imaging or condition worsens

1. **FIRST STEP: CALL LAC-USC NEUROSURGERY RESIDENT VIA MAC (1-866-940-4401)**. If no response, page resident directly (contact is on AMION: LOGON = LACUSC)
2. **IF NO RESPONSE OR DISAGREEMENT WITH NS RESIDENT, CALL LAC NEUROSURGERY ATTENDING** (contact is on AMION: LOGON = LACUSC). If no response or disagreement with NS attending, call OV ER Attending's Dr. Matt Waxman at 310-497-7113 or Dr. Greg Moran 818-426-1478 or LAC Neurosurgery Service Chief Dr. Arun Amar (pager 213-508-0000), or the LAC Chief Medical officer of the day via MAC.
3. **ONCE TRANSFER ACCEPTED, CALL UTILIZATION MANAGEMENT AT x74890**. Notify them of the accepting facility and accepting physician. Utilization Management will then take the lead over the transfer process.