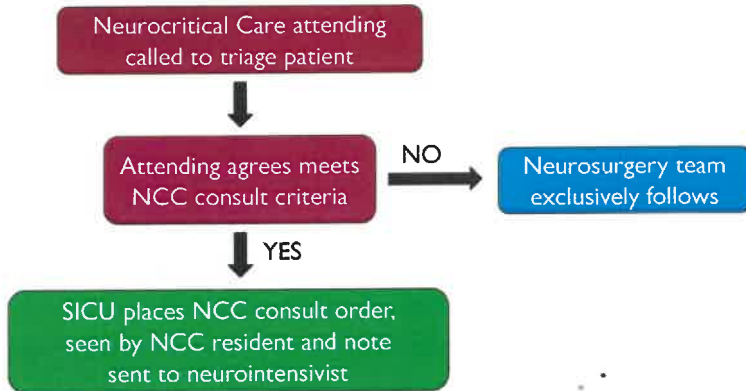


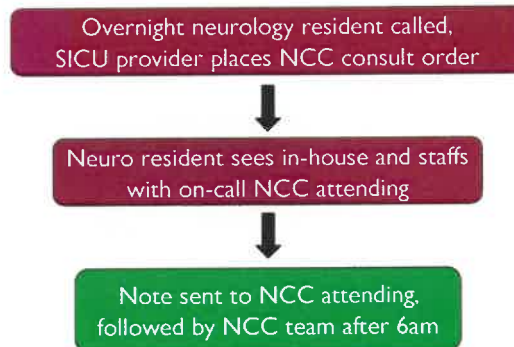
NEUROCRITICAL CARE CONSULTS IN SURGICAL ICU (6AM-5PM)

*NCC consult criteria include

- All neurologic consults in SICU, seizure, stroke
- TBI with ICH or edema
- Subdural hematoma
- Spinal cord injury
- Anoxic brain injury
- Spontaneous ICH, IVH, SAH
- Post-neurosurgery except uncomplicated VP shunt, biopsy, ACDF/PSF
- Acute hydrocephalus, EVD or ICP monitor
- Brain and spine tumors with edema, hemorrhage or deficit
- Brain death evaluation



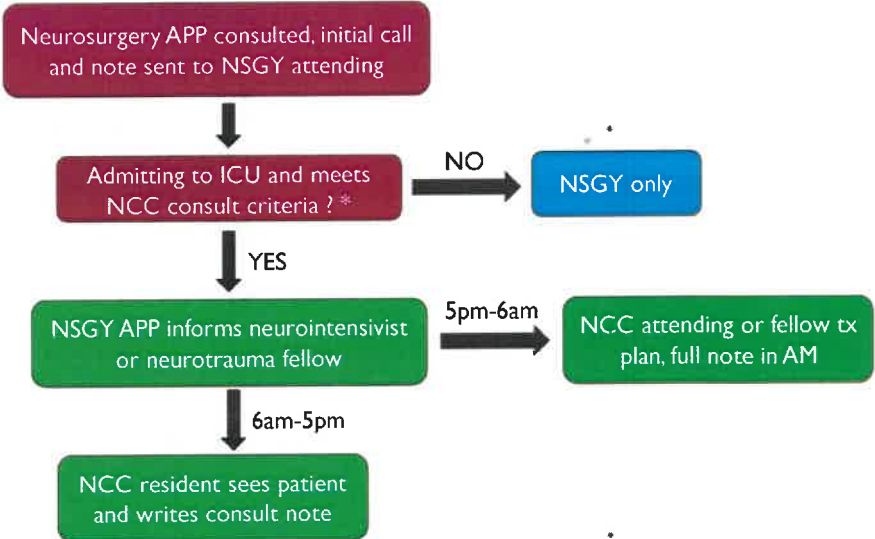
NEUROLOGIC (NON-NSGY) CONSULT IN SURGICAL ICU (5PM-6AM)



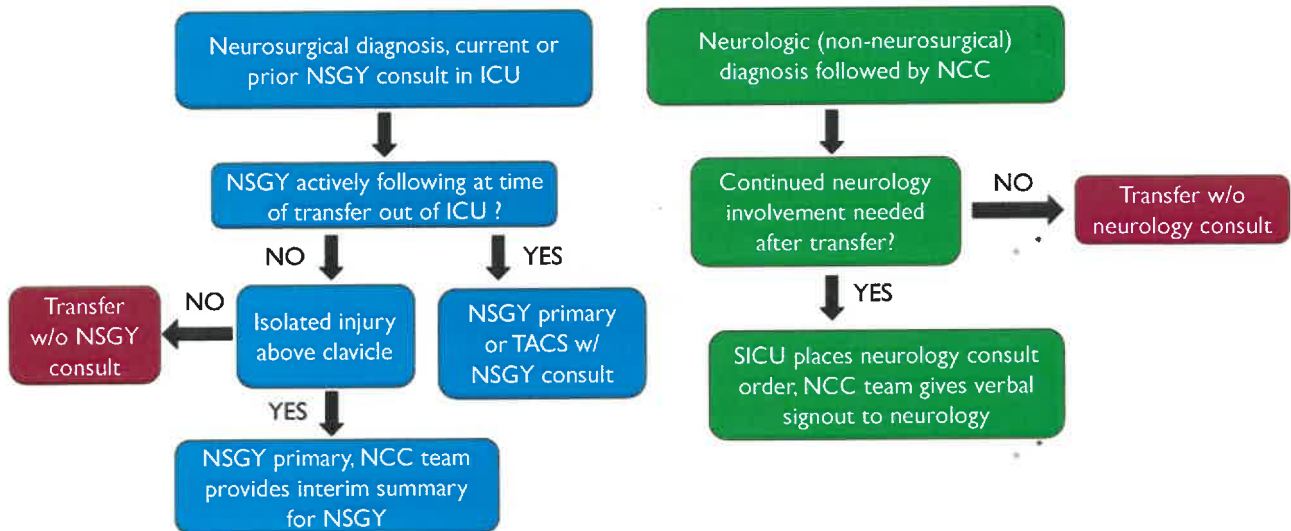
NEUROCRITICAL CARE CONSULTS IN NEUROSURGICAL PATIENTS (24/7)

***NCC consult criteria include**

- All neurologic consults in SICU, seizure, stroke
- TBI with ICH or edema
- Subdural hematoma
- Spinal cord injury
- Anoxic brain injury
- Spontaneous ICH, IVH, SAH
- Post-neurosurgery except uncomplicated VP shunt, biopsy, ACDF/PSF
- Acute hydrocephalus, EVD or ICP monitor
- Brain and spine tumors with edema, hemorrhage or deficit
- Brain death evaluation



TRANSFERRING PATIENTS FOLLOWED BY NEUROCRITICAL CARE



Guidelines for Neurocritical Care Consult in SICU

The Neurocritical Care (NCC) is a 24/7 consultative service distinct from neurosurgery, neurology and primary ICU teams. The NCC service assists the primary SICU team in the management of neurological patients during their ICU stay. Below are criteria for neurocritical care involvement in SICU patients.

Diagnoses followed by Neurocritical Care

- All neurologic consults in SICU (seizure, stroke, AMS etc)
 - Neurology service no longer follows patients in SICU
 - Call neurology resident 5pm-6am but resident staffs with neurointensivist and pt followed by NCC team
- TBI requiring ICU admission, diffuse axonal injury
- Assistance with neurologic prognostication
- Spinal cord injury/compression
- Cardiac arrest, drowning or hanging with anoxic brain injury
- Spontaneous ICH, IVH, SAH
- Post-neurosurgery except uncomplicated VP shunt, biopsy, spinal surgery without neurologic deficit
- Acute hydrocephalus, EVD or ICP monitor in place
- Brain and spine tumors with edema, hemorrhage or deficit
- Brain death evaluation
- Sympathetic storming
- Dysnatremias due to CNS pathology

Diagnoses followed by Neurosurgery service only (no NCC consult)

- Isolated skull or spine fractures without intracranial hemorrhage, cerebral edema or neurologic deficit
- VP shunt adjustment
- VNS placement
- Extra-axial tumor without hemorrhage or deficit
- Surgical site infection without brain/cord involvement

SICU/NSGY teams can call NCC provider for:

Hypertonic management

Hypo/hyponatremia workup and management in CNS patients

Family meetings for severely neurologically injured patients

New imaging or neuro exam changes

Medical management of ICP and CPP-guided treatment

Seizures, abnormal movements (neuro resident evals in-house overnight)

Sympathetic storming/central fever

Meningitis, cerebritis, lumbar puncture

Encephalopathy, EEG/CSA review in SICU patients

Ischemic stroke on imaging, vasospasm, CVST in trauma patients