

Traumatic brain injury transfer

It is sometimes necessary for a neurosurgeon to accept a trauma patient in transfer from another institution that is not equipped to handle major neurologic injuries, or to transfer patients to other facilities for a variety of reasons.

Factors to assess in head injured patients

Hypoxia or **hypoventilation** ABG, respiratory rate intubate any patient who has **hypercarbia**, **hypoxemia**, or is not localizing

Hypotension or **hypertension** BP, Hgb/Hct transfuse patients with significant loss of blood volume

Anemia Hgb/Hct transfuse patients with significant anemia

Seizures electrolytes, AED levels correct **hyponatremia** or **hypoglycemia**; administer AEDs when appropriate

Infection or hyperthermia WBC, temperature LP if meningitis is possible and no contraindications

Spinal stability spine x-rays spine immobilization (spine board, cervical collar & sandbags...); patients with locked facets should be reduced if possible before transfer.

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