

MEMORANDUM OF UNDERSTANDING

The Departments of Emergency Medicine, Neurosurgery, and Neurology, and the Divisions of Neurocritical Care, and Trauma Surgery have come together to collaborate regarding patients with subdural hematomas. The Departments and Divisions wish to enter into a memorandum of understanding to set forth the details of this collaboration and to specify the extent of each party's participation.

The MOU provides the following guidelines:

A. Admission Service

- Isolated Subdural Hematomas (SDH) that require admission will be admitted to the Neurosurgery Service
- Subdural Hematoma that is part of a multi-trauma will, in most cases, be admitted to the trauma service.

B. Isolated SDH pts with the following features should be accepted to NCCU and moved as soon as a bed is available. Further testing/repeat CT scan can be completed from NCCU.

- Patients requiring operative intervention or critical care intervention such as osmotherapy or EVD placement/ICP monitoring
- Presence of other significant intracranial bleeding (contusions)
- GCS 3-13, or declining
- Focal neurological deficit on exam (e.g. hemiparesis, dilated pupil)
- Seizure
- SDH > 10 mm
- Midline shift > 5 mm or significant cisternal effacement
- Patients on antithrombotic medication (anticoagulant, antiplatelet, s/p thrombolysis) other than aspirin

C. Isolated SDH patients without the features mentioned in (B) will be dispositioned as follows:

- intention to admit to NSGY
- remain in ED for neuro-checks and repeat CT scan (6 hrs post initial CT)
- within 30-60 minutes of a repeat CT, determine appropriate unit to send patient to (NCCU vs floor under NSGY)

D. Contact Neurosurgery on Call via Hospital Text Page: 350-5000

Expectation: Patients will be accepted to NSGY service within 60 min of notification for cases meeting criteria outlined in B, or 30-60 minutes after completion of repeat (6h) CT for cases mentioned in C.

Any deviations from the above should be adjudicated in real time by Attendings from Emergency Medicine, Neurosurgery and the proposed admitting service via a conversation at the bedside or by phone via Express Care.