OBTAINING CONSULTS ON TRAUMA PATIENTS

1. A Neurosurgery consult should be obtained for patients with a TBI:
   a. CT scan abnormalities including skull fractures.
   b. GCS <12 without obvious signs of intoxication.
   c. Focal neurologic deficit.
   d. Single system TBI may be admitted to the neurosurgery service

2. A Spine service consult (orthopedics or neurosurgery) should be obtained for any patient with a neurologic deficit or identified fracture on an imaging study.
   a. Vertebral body abnormality on X-ray.
   b. Ligamentous abnormality.
   c. Neurologic deficit.
   d. Fill out an ASIA form on any patient with neurologic deficit or body fracture.

3. An ENT consult should be requested for complex facial injuries.
   a. Complex laceration.
   b. Facial fractures, including orbital fractures.
   c. Airway involvement.

4. Orthopedic consultation should be requested for any bony or ligamentous injury. Splints should be placed on long bone fractures prior to transport to radiology, the PICU or floor.

5. A Vascular surgery consult should be obtained if the trauma attending requests one or if there is a complex vascular injury.

*For highest level trauma activations, neurosurgery and orthopedic surgery must be present within 30 minutes of consultation. Arrival time must be clearly documented in the chart.*