

Name:

Date of Birth: DD / MM / YYYY

MRN Number:

NHS Number:

(OR AFFIX HOSPITAL LABEL HERE)

# Record of Telephone Referral to Neurosurgery

(Use for all discussions with Regional Neurosurgery Centre)

Time of arrival in ED	GCS on arrival ...../15 ..... E ..... M ..... V
Time of first CT scan	
Trauma related? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, has this patient been discussed with the trauma coordinator? Yes <input type="checkbox"/> No <input type="checkbox"/> Consider direct referral to the Major Trauma Consultant at North Bristol Trust.	

<b>Summary of Case</b>	
.....	
.....	
Best GCS since admission ...../15	Hx of fitting Yes <input type="checkbox"/> No <input type="checkbox"/>
Pupil size L..... mm R..... mm	Pupils equally reactive Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Summary of CT Findings</b>
.....
.....

Discussion with Neurosurgical Centre		
Name of Neurosurgeon	Grade	Time
Name of Consultant Neurosurgeon on Call		
Consultant Neurosurgeon consulted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Time	
Summary of advice given		
.....		
.....		
.....		
Surgery indicated now? Yes <input type="checkbox"/> No <input type="checkbox"/> Consider for surgery later? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Outcome			
Transfer to Neurosurgical Centre	Transfer to DCC	Transfer to ward	
Name of destination		Ward name	
Date of departure		Time	

Name of referrer		Grade	
Date of referral	DD / MM / YYYY	Time of discussion	

Second Discussion with Neurosurgeon / Neuro-Intensivist		
Name of Neurosurgeon / Neuro-Intensivist	Date	Time
Current condition of patient (including new CT findings change in GCS)		
Summary of advice given		

Outcome		
Transfer to Neurosurgical Centre	Transfer to DCC	Transfer to ward
Name of destination		Ward name
		Time

Name of referrer		Grade	
Date of referral	DD / MM / YYYY	Time of discussion	

Third Discussion with Neurosurgeon / Neuro-Intensivist		
Name of Neurosurgeon / Neuro-Intensivist	Date	Time
Current condition of patient (including new CT findings change in GCS)		
Summary of advice given		

Outcome		
Transfer to Neurosurgical Centre	Transfer to DCC	Transfer to ward
Name of destination		Ward name
		Time

Name of referrer		Grade	
Date of referral	DD / MM / YYYY	Time of discussion	