

## 5.19 Neurotrauma Contingency Plan—TYPE II

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### Applicable Levels

LI, LII, LIII-N, PTCI, PTCII

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### Definition and Requirements

Level I and II trauma centers must have a neurotrauma contingency plan and must implement the plan when neurosurgery capabilities are encumbered or overwhelmed.

Level III-N trauma centers must have a neurotrauma contingency plan that includes the potential for diversion and must implement the plan when neurosurgery capabilities are encumbered, overwhelmed, or unavailable.

The plan must include the following criteria:

- A thorough review of each instance by the PIPS program
- Monitoring of the effectiveness of the process by the PIPS program

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### Additional Information

Level III-N trauma centers are those that provide neurotrauma care for patients with moderate to severe TBI, defined as GCS of 12 or less at the time of emergency department arrival.

Neurosurgery capabilities are encumbered or overwhelmed when there is an inability to meet standards of care for patients with time-sensitive injuries.

Since Level III-N centers are not required to have continuous availability of neurosurgery, it is expected that there be an established plan for diversion of patients who might require time-sensitive neurotrauma care to lessen the need for secondary transfers.

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### Measures of Compliance

Neurotrauma contingency plan

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### Resources

None

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### References

None