

HYDROCEPHALUS

REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - NEUROSURGERY & SPINE • 92 CAMPUS DRIVE, SUITE A, SCARBOROUGH, ME • (207) 885-0011

HIGH RISK SUGGESTED EMERGENT CONSULTATION	MODERATE RISK SUGGESTED CONSULTATION OR CO-MANAGEMENT	LOW RISK SUGGESTED ROUTINE CARE
SYMPTOMS AND LABS Shunt failure/breakage WITH headache, nausea, vomiting or mental status change Shunt infection New diagnosis hydrocephalus with headache, nausea, vomiting or mental status change	SYMPTOMS AND LABS Primary/secondary intracranial hypertension (formerly known as pseudotumor) WITHOUT shunt Symptomatic primary/secondary intracranial hypertension (formerly known as pseudotumor) WITH shunt Shunt failure/breakage WITHOUT headache, nausea, vomiting or mental status change	SYMPTOMS AND LABS Normal Pressure Hydrocephalus Establish care for existing shunt Incidental ventriculomegaly/ hydrocephalus
SUGGESTED PREVISIT WORKUP For any of the above symptoms - NPO and acute referral to ER for any symptoms listed in the above high risk category	SUGGESTED WORKUP For primary/secondary intracranial hypertension WITHOUT shunt - neurology workup before neurosurgery referral for diagnostic lumbar puncture, medical management, ophthalmology exam and venogram (CTV or MRV) For symptomatic primary/secondary intracranial hypertension WITH shunt - neurosurgery referral For shunt failure/breakage WITHOUT headache, nausea, vomiting or mental status change - shunt x-ray series and noncontrast CT before referral	SUGGESTED MANAGEMENT For normal pressure hydrocephalus please consider Neurology evaluation including MRI and demonstrable improvement with high volume lumbar puncture Establish care for existing shunt - please assure updated and all prior brain imaging (DICOM images) available and provide prior surgical/ clinical notes from neurosurgery For incidental ventriculomegaly/ hydrocephalus - MRI brain without contrast and ophthalmology referral

CLINICAL PEARLS

- Like many clinical entities hydrocephalus can span a continuum that is anchored at one end by an acute life-threatening event to something that can be a longstanding and nearly asymptomatic entity at the other end of that spectrum. A patient who has hydrocephalus and presents with acute neurological decline should be treated attentively, and often the emergency room is the
- most appropriate option to provide that. These specific symptoms can vary from patient to patient but can variously encompass nausea, vomiting, lethargy, and headache amongst others.