

Neuropalliative Service

1. The decision for admission to the neuropalliative service needs to be made in the ED prior to admission. After admission, the neuro palliative service is not particularly useful and we patient should be considered for normal hospice/palliative route
2. A patient admitted for neuropalliative care will be admitted to the NCCU under the NCCU attending and the admission diagnosis is *admission for palliative care* **NOT** the brain hemorrhage, trauma, etc.
 - Those diagnoses can and should be in the consult notes, but the admission diagnosis *has to* be for palliative care.
3. Patients admitted for neuropalliative **MUST NOT** have life prolonging interventions (labs, vasopressors, scheduled repeat CT etc.)
 - The exception would be for CORE, but in those cases, the notes should clearly document that the studies/treatments were done in the event of potential organ donation
4. If staff is deciding (i.e. no family/devastating injury), then neurosurgery or NCCU STAFF need to make final decision, it can not be left to a resident to determine
 - This is for us unilaterally determining neuropalliative, if the family requests it, the resident can admit
5. Patients meeting the above criteria should be discussed with neurosurgery and/or NCCU for admission to the neuropalliative service