



RARE PROCEDURES: BURR HOLE

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This material is the result of work supported with resources and the use of facilities at the Whiteriver Service Unit, located in the Phoenix Area of the Indian Health Service.

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THE CASE

74 yo m pmh dm, htn self presents with assistance of relative to ER triage. Complains of headache after tripping, falling, and striking his head on the ground. Is mildly altered per family.

PMH – dm, htn

Meds – metformin, lisinopril

ER EVALUATION

Triage vitals

Bp 170/64 hr 62 rr 18 o2 sat 96% on ra t 97.8f

Ed course

Collapsed immediately after triage

Placed in wheelchair and moved to code bed

BEDSIDE EVALUATION

Gen – ill appearing, moaning

Heent – right temporal hematoma, no battle's sign, no raccoon eyes

Pupils – right 5mm sluggish, left 2mm – reactive

No midline c spine ttp

Card – rrr, no mrg

Resp – cta bilaterally

Gi – no ttp, no rebound, no guarding

Neuro – gcs e2v2m3, moaning, decreased movement on left side

PLAN

Trauma activation

Immediate CT head/C spine

C collar

Prepare for intubation

Trauma surgery consultation

IMAGING



ED COURSE

Trauma team recognizes large subdural hematoma

Intubated on return to ER

- Head elevated
- Targeted pCO₂
- Neuroprotective measures (prevent hypoxia/hypotension)

Accepted to trauma center, flights delayed

Consults neurosurgery – recommends Burr Hole if able

Trauma surgery performs Burr Hole at bedside



HOSPITAL COURSE

Survives hospital stay

Remains permanently weak on left side