



Abbreviations (laboratory & radiology excluded):

pt. = patient
ICP= Increased intracranial pressure

- S/S of increased ICP:
- Headache
 - Vomiting
 - Altered mental status
 - Bradycardia with hypertension

- Shunt types:**
- Shunts used to treat hydrocephalus (**malfunction can be life threatening**):
 - Ventriculo-peritoneal (VP)
 - Ventriculo-atrial (VA)
 - Ventriculo-pleural (VPI)
 - Neonatal devices to treat intraventricular hemorrhage (**patient may need evaluation if less than 2yo for the development of hydrocephalus**):
 - Ventriculo-subgaleal (VSG)
 - Ventricular reservoir / access device (VAD)
 - Cranial shunts not used to treat hydrocephalus (**malfunction is not life threatening and can be treated on an outpatient basis**):
 - Subdural-peritoneal (SDP)
 - Cysto-peritoneal (CP)
 - Spinal shunts (**malfunction is not life threatening and can be treated on an outpatient basis**):
 - Lumbo-peritoneal (LP)
 - Syringo-pleural (SP)
 - Syringo-subarachnoid (SSA)

Timing of previous imaging in relationship to prior malfunction is **critical** to identify. If most recent prior imaging was obtained immediately prior to a malfunction, new imaging may not show "enlargement" of ventricles comparatively because the current imaging also represents a shunt malfunction. Consult Neurosurgery.

Slit or dysmorphic ventricles may not change in size when exposed to increased intra-cranial pressure. If the CT or MRI radiology report states slit or dysmorphic ventricles and shunt malfunction is suspected based on the patients signs and symptoms, consult Neurosurgery.

