## Management of Severe Traumatic Brain Injury – Guideline

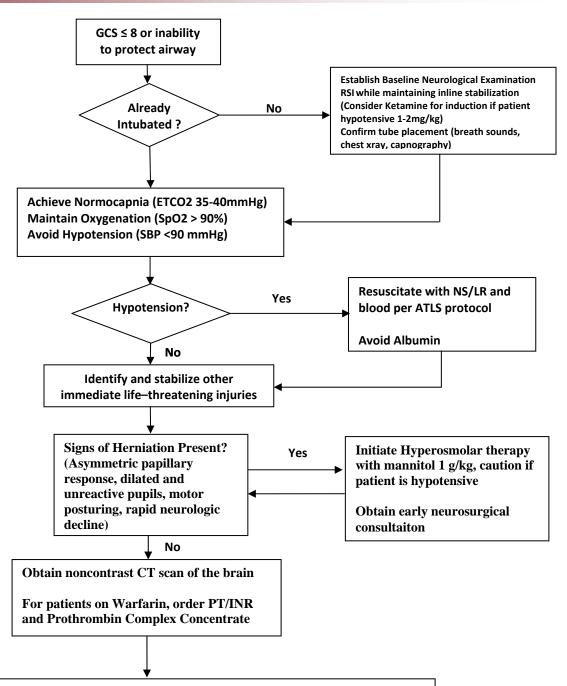
General Goals
SaO2 > 90%
PaCO2= 35-40 mmHg
MAP > 90 mmHg

## Management Options for Intracranial Hypertension or Herniation Prior to Placement of ICP Monitor

- Maintain neck in neutral position with cervical collar
   HOB elevated to 30 degrees
- 3. Mannitol 1 gram/kg
- 4. Hyperventilation

(temporary) to an EtCO2 of 30

5. 3% HTS 250 ml bolus



- 1. Immediate neurosurgical consultation for decompression of lesion with mass effect.
- 2. Consult neurosurgery for intraventricular catheter placement for lesion without mass effect.
- 3. Administer Prothrombin Complex Concentrate for patient on Warfarin (see "Warfarin-associated TBI guideline"). Enter "Profilnine" under orderset.
- 4. For patients on Dabigatran, administer recombinant activated Factor VII (40 mcg/kg), As a last resort, consider prothrombin complex concentrate (PCC) (25 units/kg) to help with clot formation at the site of bleeding (See "Management of Bleeding on Dabigatran" guideline).
- 5. Ensure adequate post intubation analgesia and sedation to decrease intracranial pressure (see "Post intubation analgesia and sedation" guideline)
- 6. Antiseizure prophylaxis: Phenytoin or Fosphenytoin (20 mg/kg or 20 phenytoin equivalents/kg)

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## **Glasgow Coma Scale**

Verbal Response (V) <sup>2</sup>	Motor Response (M)
5 – Alert and Oriented	6 – Follows commands
4 - Disoriented or confused	5 – Localized to pain <sup>3</sup>
3 – Incoherent words	4 – Withdraws to pain
2 – Incomprehensible sounds, moaning 1 - None	<ul><li>3 – Flexion posturing</li><li>2 – Extension posturing</li><li>1 - None</li></ul>
	5 – Alert and Oriented 4 – Disoriented or confused 3 – Incoherent words 2 – Incomprehensible sounds, moaning

- 1. Patient should attend to the examiner in order to score a 4 on the eyes.
- 2. Score the patient as a "T" or "I" if patient is intubated or has tracheostomy.
- 3. Patient should cross midline to address the noxious stimulus in order to score 5 on the motor score.

This guideline was ratified by the emergency department faculty at Maine Medical Center in March 20 . It reflects our expert opinion and is not necessarily applicable to all institutions. It is intended to be a reference for clinicians caring for patients and is not intended to replace providers' clinical judgment.

