

HEAD TRAUMA

1. Take spinal precautions.
2. Administer high flow **O₂**.
3. If ventilation requires support, attempt to maintain normal oxygen and CO₂ levels.
4. Apply cardiac monitor.
5. Establish a large bore IV of NS at TKO rate, unless shock is present.
6. If shock is present, run fluids wide open and titrate to maintain a systolic BP of 90.
7. If patient has altered level of consciousness:
 - I. Perform **blood glucose test**. If blood glucose is < 60, obtain blood sample and administer 50 ml of **50% dextrose** IV/IO.
 - II. Administer 0.4 mg of **naloxone (Narcan[®])** IV/IO and, if no response to initial dose, administer 1.6 mg of Narcan IV/IO.[†]
 - III. Perform **Glasgow Coma Scale Score** test.

^{*}Consider Rapid Sequence Intubation, if necessary, to provide optimal ventilation.

[†]This drug may be given IM or via the endotracheal tube if IV access cannot be established. The ET dose is double the IV dose. Naloxone may also be given via a Mucosal Atomization Device (MAD) at a dose of 2 mg.