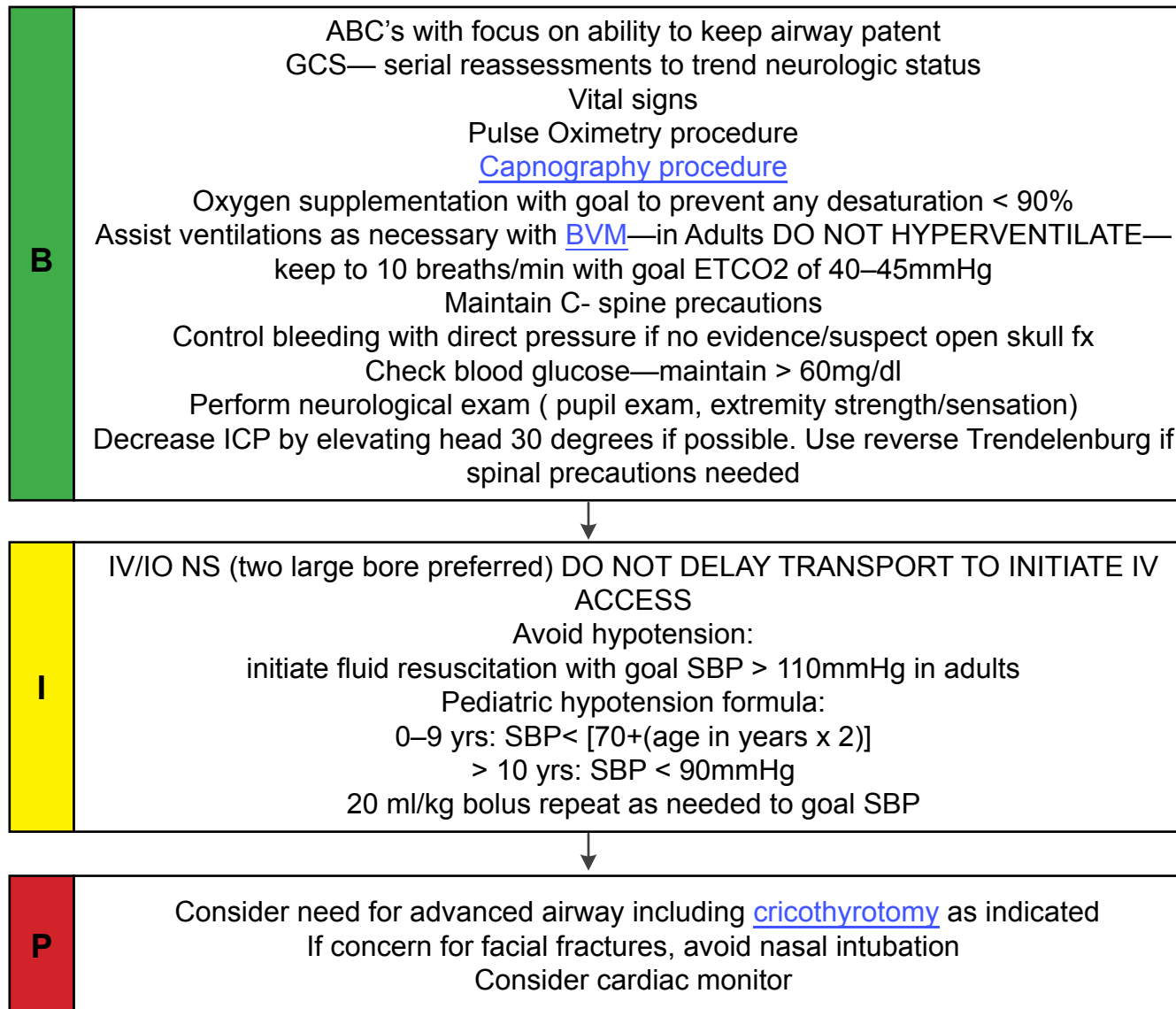


Head Trauma/ Traumatic Brain Injury

Designation of Condition: Any injury to the skull with/without loss of consciousness. Consider skull fracture, intra-cranial hemorrhage, c- spine injury, facial fractures, epidural/subdural hematoma, traumatic brain injury which can include hemorrhage, swelling, concussion. Give special consideration to a/w as patients can often vomit and elevated risk for seizure. Pay close attention to mental status and reassess frequently.



KEY POINT

hypothermia, hypotension, hypoxia, hypocapnia and hypoglycemia all increase mortality in traumatic brain injuries and should managed aggressively
Significant blood loss can occur with scalp lacerations

Hyperventilation lowers CO2 and causes vasoconstriction leading to increased intracranial pressure (ICP) and **should not be done routinely.**

Use in patients ONLY with evidence of herniation: (blown pupil, decorticate / decerberate posturing, bradycardia, decreasing GCS) If hyperventilation is needed, ventilate at 14–18 / minute to maintain EtCO2 between 30–35 mmHg.

Short term option only used for severe head injury typically GCS ≤ 8 or unresponsive.