**Traumatic Brain Injury (TBI) Pathway, GCS<9**

1. Intubation (RSI + lidocaine 100 mg)
2. abg/ETCO2, keep PaCO2 35-40, PaO2 > 60
3. HOB >30 degrees or reverse Trendelenburg if spines not cleared
4. Maintain MAP > 70 mmHg until ICP available
5. CT Head (? Surgical lesion, consider FFP early)

(1) Neurosurgical consultation
(2) TICU admission/ OR
(3) Establish access/monitoring (CVP/PAC, arterial line, ICP monitor)
(4) Pain control (fentanyl IVP, then gtt) and sedation (propofol, midazolam)
(5) Phenytoin/fos-phenytoin for 7 day course (following 1 gm load)

Continue monitoring & current therapy

<20 mmHg

ICP

≥ 20 mmHg OR CT with increased shift/ edema

CSF drainage via EVD

ICP >20

If ICP > 20, is CPP >60?

NO

3% hypertonic saline bolus (Repeat if Cl- <120, Na+ <160)

YES

Mannitol 0.25-1.0 g/kg IVP

May repeat if serum Osm <320 & patient is euvolemic

ICP >20 and CPP <60, then Repeat CT Head Notify attending/fellow

Consider pentobarbital coma

Increase propofol/fentanyl

Contact neurosurgery re: decompressive craniectomy

Check intra-abdominal pressure***

***Consider decompressive laparotomy if intra-abdominal pressure ≥25
REFERENCES


(25) Brain Trauma Foundation Guidelines. [http://www2.braintrauma.org/](http://www2.braintrauma.org/)


