1. Neurosurgery consulted, we appreciate their input. The plan for managing refractory intracranial hypertension will focus on reducing intracranial pressure (ICP) while maintaining cerebral perfusion pressure (CPP). Sedation and analgesia will be optimized to minimize metabolic demand, while hyperosmolar therapy (e.g., hypertonic saline) will be used to control cerebral edema and maintain high-normal serum sodium levels. We will cosnider additional strategies include CSF drainage, seizure prophylaxis, and temperature management to prevent further injury. In cases of persistent ICP elevation, advanced options such as barbiturate coma or decompressive craniectomy will be considered.