

ICU HEAD INJURY MANAGEMENT

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WHAT IS MAP?

<90mmhg

>90mmhg

WHAT IS CPP?

<70mmhg

>70mmhg

WHAT IS ICP?

CVP/PAWP/peripheries
• If low give colloids
treat MAP
• Inotropes

>20mmhg
For 5 mins

<20mmhg

CHECK

- Pupils
- Position
- Secretions
- PaCO₂/PaO₂
- Blood sugar level
- ICP trace
- Temperature
- Check EEG trace

ICP>20mmh

GOOD
PROGRESS

MONITOR PATIENT

- Pupils
- TOF if muscle relaxed
- GCS if not muscle relaxed
- Muscle relax if pt. requiring more than one ICP treatment

Start treatment
• Nacl 5% (if CVP access)
(Mannitol if not)
• Muscle relax if patient is still having ICP rises after 1 treatment

ICP<20mmh

ICP>20mmh

Give another treatment whilst
• Contacting ICU Consultant
• Contacting neurosurgeons
• ?CT scan
• ? surgery
• consider 2nd tier treatments
Mannitol 20% / Thiopentone
Hypothermia.

ASSESS INDIVIDUAL CASES

ALL HEAD INJURIES

- Ventilate
- Sedate
- Arterial/central line
- ICP monitor
- EtCO₂
- Temperature control
- 30 degree head up
- Taped ETT

SPINAL INJURY

- Hard collar
- Log roll
- Soft form mattress
- See Spinal protocol

FITTING

- EEG monitoring
- Phenytoin