a. Administer high-flow oxygen via NRB (non-rebreather) as a precaution against unanticipated deterioration
b. If patient unable to maintain airway, consider oral airway (nasal airway should not be used with significant facial injury or possible basilar skull fracture)
c. BVM (bag-valve-mask) ventilation if high flow oxygen (HFO)/non-rebreather (NRB) inadequate to maintain good airway and/or oxygenation
d. Place supraglottic airway or perform endotracheal intubation or if BVM ventilation ineffective in maintaining oxygenation or if airway is continually compromised. Endotracheal intubation (ETI)/supraglottic airway (SGA) should only be used in systems that have continuous $EtCO_2$ monitoring

2. Breathing:
   a. For patients who cannot maintain adequate oxygenation with HFO/NRB, BVM ventilation (15 years old or older: 10 breaths per minute; 2–14 years old: 20 breaths per minute; less than 2 years old: 25 breaths per minute) with gentle manual bagging. Consider flow-controlled bags and ventilation rate timers to help prevent hyper-/overventilation
   b. SGA placement or ETI should only be performed if BVM ventilation fails to maintain adequate oxygenation. With advanced airways, manage with a target $EtCO_2$ of 40 (normal range 35–45 mmHg)
   c. Do not induce hypocapnia through hyper-/overventilation
3. Circulation:
   a. Wound care
      i. Control bleeding with direct pressure if no suspected open skull injury
      ii. Moist sterile dressing to any potential open skull wound
      iii. Cover an injured eye with moist saline dressing and place cup over it
   b. Moderate/severe closed head injury
      i. Blood pressure: avoid hypotension
         1. **Adult** (age greater than 10 years): maintain SBP greater than or equal to 110 mmHg
         2. **Pediatric**: maintain SBP:
            a. Age less than 1 month: greater than 60 mmHg
            b. Age 1–12 months: greater than 70 mmHg
            c. Age 1–10 years: greater than 70 + 2x age in years
   c. Closed head injury
      i. Administer normal saline (NS)/lactated Ringer's (LR) fluid boluses to maintain SBP above threshold. Do not wait until after the patient is already hypotensive—*prevent* hypotension
   d. Do not delay transport to initiate IV access
4. Disability:
   a. Evaluate for other causes of altered mental status — check blood glucose during transport
   b. Spinal assessment and management, per Spinal Care Guideline
   c. Perform and trend neurologic status assessment (GCS or AVPU scale)
      i. Early signs of deterioration:
         1. Confusion
         2. Agitation
         3. Drowsiness
         4. Vomiting
         5. Severe headache