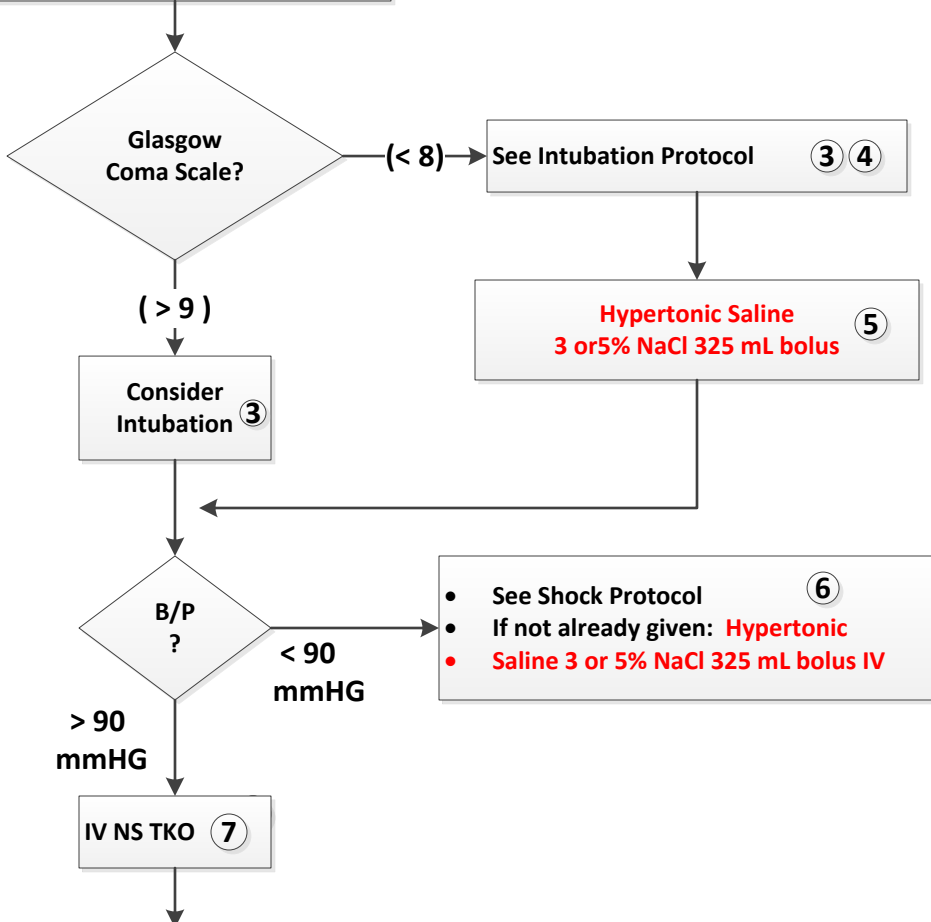


# Trauma: Head Injury, Adult

- ABCs
- C- spine immobilization
- Oxygen 100% ①
- Assist ventilations prn
- Calculate GCS ②



## History:

1. Time and mechanism of injury
2. Loss of consciousness
3. Glucose
4. Evidence of seizure
5. Medical history
6. Allergies
7. Helmet and/or restraint use

## Differential:

1. Skull fracture
2. Brain injury (concussion, contusion, hemorrhage, or laceration.
3. Epidural/ subdural hematoma
4. Alcohol Intoxication
5. Subarchnoid / intracranial hemorrhage.
6. Spinal injury
7. Hypoglycemia
8. Abuse

Consider **Mannitol 1 gm/kg IV** if neurologic deterioration with unilaterally dilated pupil or bilaterally dilated pupils in the face of Severe neurological trauma. ⑧

1. Oxygen 100% per non-rebreather mask
2. Aggressive ventilatory support may be needed. If the patients ventilations are not effective – intubate.
3. Avoid nasal intubation.
4. End-Tidal CO2 should be maintained between 35-40 mmHG
5. **Hypertonic Saline** to be given in all head injuries with GCS < 8 **UNLESS** B/P is > 150/90.
6. Isolated head injuries rarely cause shock. If shock is present look for another cause. Give Hypertonic Saline first, Packed cells second, then a fluid bolus to maintain SBP > 100.
7. If B/P stable, restrict fluids.
8. Do not give **Mannitol** if B/P < 120/70.