







**Table 4** Indications for intubation and ventilation for transfer after brain injury

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Significantly deteriorating conscious level (i.e. decrease in motor score  $>2$  points)

Loss of protective laryngeal reflexes

Hypoxaemia ( $Pa_{O_2} < 13$  kPa on oxygen)

Hypercarbia ( $Pa_{CO_2} > 6$  kPa)

Spontaneous hyperventilation causing  $Pa_{CO_2} < 4.0$  kPa

Bilateral fractured mandible

Copious bleeding into the mouth (e.g. from skull base fracture)

Seizures

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# EMERGENCY DEPT

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- MONITORING - invasive arterial monitoring prior to induction if possible

# THE AIRWAY

- Goals: obtain rapid control of the airway while attenuating increases in ICP and maintaining haemodynamic stability.
- Issues
  - pre-existing hypoxia
  - intracranial hypertension
  - full stomach
  - potential C spine injury
  - maxillofacial injuries

