Subject: TRAUMATIC HEAD INJURY

General

A. Secure airway while providing C-spine immobilization.
B. ***Control bleeding using direct pressure. Do not stop bleeding from nose, ears if CSF leak is suspected***.
C. If stable, administer O2 @ 4-6 lpm per nasal cannula.
D. If unstable, administer O2 @ 12-15 lpm per non-rebreather mask
E. Ventilate or assist ventilations with BVM and supplemental O2@ 12-15 lpm if hypoventilation or apnea.
F. If unconscious or decreased LOC:
    a. Place ET tube and ventilate with BVM and supplemental O2 @ 12-15 lpm.
    b. Establish capnography monitoring and ventilate to achieve ETCO2 of 35-40mmHg.
G. Establish large bore peripheral IV access with 0.9% NaCl @ TKO and maintain systolic BP of >90mmHg.
H. Check blood glucose level (or complete Chem8+ panel if I-Stat available).
I. Elevate head of bed 15-30 degrees.
J. If paralysis for intubation, using **succinylcholine** is necessary, pre-medicate with **lidocaine**, 1.0 mg/kg IV bolus. For pediatric patient, administer **atropine,** 0.02 mg/kg, IV bolus.
K. If patient has signs or symptoms of hypovolemia secondary to other trauma, treat shock first as per protocol.
L. ***Monitor and document serial vitals q 10 minutes, if possible, to include***:
    a. GCS score
    b. BP
    c. HR
    d. RR
    e. SPo2
    f. ETCo2
    g. Pupillary exam
M. Consider transport to trauma facility with neurological intervention capabilities.

Effective Date: 5-10-2013 (DOH approved)

Medical Program Director: Signed copy on file. (J. Horsley, MD)