

Kittitas County Prehospital EMS Protocols

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 **Isotonic Crystalloid** @ 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.