# Traumatic Brain Injury (TBI) Resuscitation



#### Moderate/Severe TBI

- Mechanism (blunt head trauma)
- GCS <13

Standard ATLS approach of primary and secondary survey

#### **Initial treatment:**

- 2 large bore IVs or consider IO access early
- Supplemental oxygen
- Consider blood transfusion for hemorrhage
- Cervical spine precautions
- Maintain normal blood pressure, oxygen saturation, and temperature

#### Indications for endotracheal intubation:

- · Inability to protect airway
- Deteriorating neurologic status
  - GCS drop of 2 OR new neurological deficits
- GCS ≤8
- Inability to oxygenate/ventilate adequately

#### **Considerations for Severe TBI:**

- Administer 3% hypertonic saline bolus (IV, 5mL/kg, MAX 500 mL/dose)
- Keep head of bed at 30°
- Sedate with midazolam, and continuously monitor ETCO<sub>2</sub> (maintain ETCO<sub>2</sub> 35-45 mmHg)

# Therapies to reduce cerebral oxygen consumption (seizures):

 Consider levetiracetam (IV, 40mg/kg) for seizure prophylaxis

Do you have pediatric neurosurgery capabilities?



## Do not delay transfer to obtain head CT

- Initiate transfer process
- Contact pediatric trauma center (PTC)
- Shared decision making for head CT scan locally or at referral trauma center

## Severe TBI=GCS <9 Moderate TBI=GCS 9-12

# Pediatric Glasgow Coma Scale (GCS)

	<1YEAR	>1YEAR		SCORE
EYE OPENING	Spontaneously	Spontaneously		4
	To shout	To verbal command		3
	To pain	To pain		2
	No response	No response		1
MOTOR RESPONSE	Spontaneous	Obeys		6
	Localizes pain	Localizes pain		5
	Flexion-withdrawl	Flexion-withdrawl		4
	Flexion-abnormal (decorticate rigidity)	Flexion-abnormal (decorticate rigidity)		3
	Extension (decerebrate rigidity)	Extension (decerebrate rigidity)		2
	No response	No response		1
	0-23 MONTHS	2-5 YEARS	>5 YEARS	
VERBAL RESPONSE	Smiles/coos appropriately	Appropriate words/phrases	Oriented	5
	Cries and is consolable	Inappropriate words	Disoriented/confused	4
	Persistent inappropriate crying and/or screaming	Persistent cries and screams	Inappropriate words	3
	Grunts, agitated, and restless	Grunts	Incomprehensible sounds	2
	No response	No response	No response	1
Total Pediatric Glasgow Coma Score (3-15):				

#### Imaging:

- Consider head CT without IV contrast
- Refer to Best Practices in Pediatric Trauma Imaging for additional imaging indications for blunt multisystem trauma

#### TBI Management per local resources

• If no PICU capability, consider early discussion with PTC and activation of transport resources for rapid transfer to PTC immediately if no operative lesion on head CT or from PACU if child undergoes craniotomy locally.

The EMSC Innovation and Improvement Center is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award (U07MC37471) totaling \$2.5M with 0 percent financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. government. For more information, visit HRSA.gov.

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