F5. Head Injury

Goals:
- Provide Adequate Oxygenation
- Maintain Cerebral Perfusion
- Limit increase in ICP
- Limit Secondary Head Injury

Signs/Symptoms:
- Blunt Head Trauma
- Penetrating Head Injury
- Known/Suspected Head Bleed

Documentation Key Points:
- Serial Vital Signs
- Neurologic Exam
- Airway Status/Management
- EtCO2 Monitoring

Follow Initial Protocol for All Patients

Blood Glucose Analysis → Treat if BGL <60 mg/dl → C6. Blood Glucose Abnormalities

Airway Obstructed → E1. Airway Management/Crash Airway → Goal EtCO2 35-40 mmHg

Breathing Inadequate

No suspicion of skull fracture → Direct pressure

Known/Suspected skull fracture

Wound Care

Eye Injury

Moist sterile dressing

If altered mental status, DO NOT apply direct pressure to wound

Signs/Symptoms:
- Blunt Head Trauma
- Penetrating Head Injury
- Known/Suspected Head Bleed

Special Considerations
- Head Injury Classification: Mild, GCS 13-15; Moderate, GCS 9-12; Severe GCS 3-8.
- Do not hyperventilate.

Work through as needed, no specific order. Consider ABCs.

Signs of Herniation:
- Bradycardia
- Hypertension
- Non-reactive pupils
- Decreasing mental status
- Abnormal respiratory pattern

BLS
ALS
Interfacility

H46. Normal Saline
250 ml Bolus
May repeat until desired BP is met

H46. Normal Saline
10 ml/kg Bolus
May repeat until desired BP is met

H36. Nicardpine
5 mg/hr IV/IO
Titrate by 2.5 mg every 15 minutes
Max dose 15 mg/hr

Original Adoption Date: 6/20
Past Protocol Updates:
Medical Director: Chad Torstenson, MD; Cory Vaudt, DO

Protocol: F5. Head Injury
Date of Most Recent Update: 6/20