## Sierra – Sacramento Valley EMS Agency Treatment Protocol

## **Suspected Moderate/Severe Traumatic Brain Injury (TBI)**

Effective: 06/01/2024

T-3

Approval: Troy M. Falck, MD – Medical Director

Next Review: 01/2027

Approval: John Poland – Executive Director

## **Prehospital Identification of Moderate/Severe TBI**

- Any pt with a mechanism of injury consistent with a potential for a brain injury, and one or more of the following:
  - <65 years of age with a GCS ≤13, or ≥65 years of age with a GCS <15 (or decrease from baseline)
  - Post-traumatic seizures
  - Multi-system trauma requiring advanced airway placement

## For any patient with a suspected moderate/severe TBI, avoid/treat the three TBI "H-Bombs":

1) Hyperventilation, 2) Hypoxia, 3) Hypotension



- Assess V/S, including continuous SpO<sub>2</sub> monitoring and pupil exam: Reassess V/S every 3-5 min if possible
- High-flow O<sub>2</sub> (regardless of SpO<sub>2</sub> reading)
- If continued hypoxia (SpO<sub>2</sub> <94%) or inadequate ventilatory effort, proceed through the following in a stepwise manner
  - Reposition airway
  - Initiate positive pressure ventilation with appropriate airway adjunct if necessary (use of a pressurecontrolled BVM &/or ventilation rate timer is recommended if available)
- Avoid hyperventilation (ventilate at a rate of 10 breaths/min)
- Maintain normothermia
- Consider the concurrent need for appropriate immobilization/spinal motion restriction



- Continuous cardiac & EtCO2 monitoring
- IV/IO NS TKO: For SBP <110 bolus 1000 mL N/S, then titrate additional fluids to maintain SBP ≥110</li>
- Check blood glucose

