APPENDIX A: CATASTROPHIC BRAIN INJURY RESUSCITATION MANAGEMENT FOR PERSISTENT HYPOTENSION

Evaluate Patient in ER ASAP (follow ATLS guidelines) 1. Labs obtained: ABG/serum lactate/CBC/PT/PTT/lytes head-injured patients 2. Transfuse to maintain Hct > 30 3. Bolus 1 liter NS or 500 ml 3% saline 4. Control active bleeding 5. Place large trauma central line 6. Transfer ASAP to ICU following CT scan Caution: Patients may go from hypertension to hypotension rapidly YES NO Normotensive patient? Continue to fluid resuscitate as Continue to fluid needed and correct lab resuscitate with NS abnormalities. See Appendix B. YES NO SBP>100 or MAP>65? See Appendix B for Continue to bolus with blood further management products to H/H of 10/30 1. Norepinephrine drip (0.1-0.5 mcg/kg/min) 2. Look for DI and replace UOP over 200cc with 1/2 NS cc for Blood cc every hour or, if patient is hypertensive, DDAVP 1-2 NO pressure & micrograms of DDAVP IVP (q 2-8 hours as needed) H/H goals 3. Consider starting vasopressin at 0.01-0.04 units/min titrate met? to SBP>100/MAP > 65 if DI is suspected after initial treatment with DDAVP