

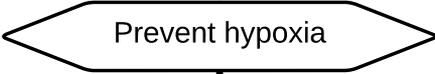


Prevent hypoxia, hypotension, and hyperventilation

B	All patients - Supplemental oxygen therapy to maintain O₂ saturation 100% - Monitor HR, BP and O ₂ every 3-5 minutes
P	IV access with 18g IV (document exceptions, e.g. pediatric patient)

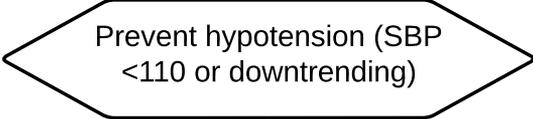


B	Monitor vital signs closely and initiate treatment before the patient becomes hypoxic or hypotensive.
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B	Treat all TBI patients with a goal saturation of 100% Provide positive pressure ventilation with BVM with 100% O ₂ at <u>age appropriate ventilation rate</u> Avoid hyperventilation Maintain <u>age appropriate ventilation rate</u> Target EtCO ₂ 40 mmHg (range 35-45)
P	If patient is failing BVM and remains hypoxic, consider endotracheal intubation or supraglottic airway placement (if age >8 years old) If O ₂ saturation <90% despite intubation or other advanced airway management, consider tension pneumothorax Avoid hyperventilation Maintain <u>age appropriate ventilation rate</u> Target EtCO ₂ 40 mmHg (range 35-45)

Age Appropriate Ventilation Rates:
- Infants (0-24 mos) 25 bpm
- Children (2-14 yrs) 20 bpm
>14 yrs 10 bpm (same as adults)



P	Administer NS fluid bolus 20 ml/kg to patient with <u>any</u> SBP reading <110 mmH (or below age specific SBP) Repeat until hypotension resolves Consider Shock AG
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Patients with TBI are often hemodynamically unstable
Recheck vital signs every 3-5 minutes and address any changes

	Age > 14 yr	Age 6-13 yr	Age 1 w-5 yr	Age < 1 w
Heart Rate	60-130	60-150	60-160	100-180
SBP	> 90	> 80	> 70 + (Age x2)	> 70