

Hyperosmolar therapy in traumatic brain injury

ICU admission following severe TBI

SEVERE TRAUMATIC BRAIN INJURY

Screen for eligibility/consent (see separate flow sheet)

Stage 1 measures (as per local protocol)e.g.:

Head of bed elevated to 30 degrees
Avoid venous congestion/remove cervical collar if possible
Optimise sedation/analgesia (target RASS -5)
Muscle paralysis to prevent coughing $PaO_2 > 10-12kPa/SpO_2 94-98\%$ $PaCO_2 4.5-5kPa$

Measure CPP with arterial transducer zeroed at the ear
Target CPP 60-70mmHg
MAP maintained at > 80mmHg
Target normoglycaemia
Consider anticonvulsant therapy

Stage 1 options:

Target PaCO₂ 4-4.5kPa

Treat hyperthermia >38°C with targeted temperature management (TTM)

Ventriculostomy with or without CSF drainage

Surgical removal of space occupying lesions

Randomisation Intervention

ICP > 20mmHg for 5 minutes within 10 days of injury

(Despite optimised stage 1 measures as above)

RANDOMISATION

Mannitol

Continue Stage 1 measures Add bolus 2ml/kg mannitol 20%

Repeat boluses if ICP > 20 until serum Na > 155

Hypertonic Saline

Continue Stage 1 measures
Bolus 2ml/kg HTS (or osmolar dose)

Repeat boluses if ICP > 20 until serum Na > 155

FURTHER MEDICAL TREATMENT AT CLINICIAN DISCRETION
IF ICP REMAINS > 20 UNTIL Na > 155

Stage 3 measures (as per local protocol) e.g:

Continued medical care
Barbiturate infusion
Therapeutic hypothermia
Consider decompressive craniectomy

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