



EMSA-Intermediate Treatment Protocol 5102

Head Trauma

Page 1 of 1

The goal of prehospital treatment of head injuries is to prevent further neurological deterioration until definitive care can be provided. This is best done by maintaining an adequate airway, oxygenation, prevention and treatment of hypotension combined with smooth, rapid transport to an appropriate facility with minimal on-scene time.

- A. Perform **TAMP Protocol 5101**.
- B. Maintain airway as indicated by **Airway Management Protocol 5901** with the following special considerations in patients requiring assisted ventilation:
 - 1. If signs of impending herniation (increasing BP, bradycardia, decreasing GCS, dilation of pupil, paralysis, and posturing) are present, then ventilate at 20 to 30 per minute.
 - 2. If no signs of herniation, ventilate at 12 to 20 per minute.
- C. If no signs of shock, maintain IV normal saline at KVO.
- D. Elevate head 30 degrees.
- E. Perform neurological status checks every 5 minutes.
- F. If patient is confused or unconscious, consider checking serum glucose with glucometer and treat as indicated in **Diabetic Protocol 5604**. Do not delay treatment or transport to check serum glucose.
- G. If patient develops seizure activity, refer to **Seizure Protocol 5603**.
- H. Monitor airway, vital signs, and level of consciousness repeatedly at scene and during transport, **status changes are important**.

Special Notes:

- 1. When head injury patients deteriorate, check first for proper airway, adequate oxygenation, and adequate blood pressure.