



Head Injury Trauma

Austin County
EMS Protocol & Guideline

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Overview: Head injuries are significant in any patient, even minor head injuries with the focus on the effects of single and aggregate TBI's. Good, thorough evaluation of the patient's neurologic and cognitive status is imperative. More severe head injuries with potential swelling and/or intracranial bleeding require acute-specialized care from a level 1.

Definition: Any patient who experienced an insult directly to the head or as a secondary injury with the potential of causing an injury to the structures of the head/brain.

EMT

- Airway/Oxygen appropriate for condition
- Spinal Motion Restriction as needed
- **HYPER**tension: Elevate patient head 20-45 degrees

AEMT

- Establish IV / IO of **Normal Saline**
- **HYPO**tension: 20 ml/kg of Normal Saline PRN to maintain BP
- **Intubation** if appropriate to the patient's condition - Maintain intubated patients EtCO₂ at 35-40 mm/Hg

Paramedic

- **RSI Procedure (If needed)**

PEARLS

- If intubation is necessary, action must be taken to reduce the stimulation associated with intubation.
- Head Injury patients with increasing ICP can become combative. RSI facilitates reducing the patient exertion and rapidness of rising ICP.
- Remove helmet, using appropriate technique, for airway management if clinically indicated.

Any change in patient condition refer to appropriate protocol