TBI ICP/CPP Management Algorithm

Local intracranial pressure and cerebral perfusion pressure management protocol. The specific treatment protocol has been described previously (Menon D, Ercole A. Critical care management of traumatic brain injury. Handbook of clinical neurology. 2017; 140:239-74).

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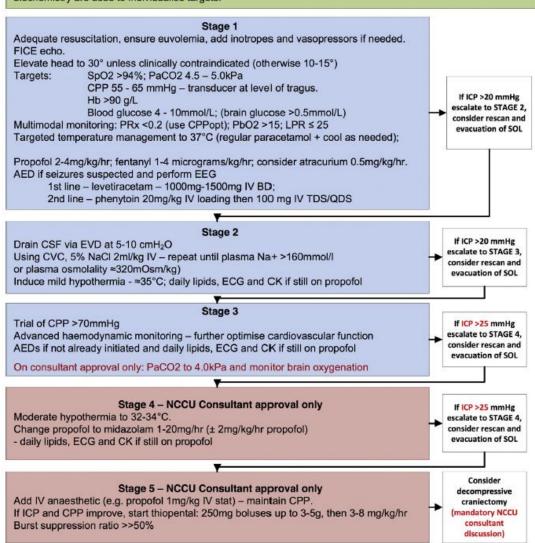
Traumatic Brain Injury ICP/CPP Algorithm

Patients with traumatic brain injury (TBI) admitted to the NCCU are managed according to this protocol. Each step of the protocol must be preceded by thorough checking of the position and accuracy of all intracranial monitoring. Surgical referral for evacuation of significant space occupying lesion(s) (SOL) is mandatory before escalating medical treatment. Consider EVD insertion before escalating medical treatment.

All patients managed according to this protocol must have the following within 4 hours of admission to NCCU:

- 1) invasive arterial (transducer at the tragus) and central venous catheter
- 2) ICP monitoring
- 3) Cerebral microdialysis catheter and PbO2 probe
- 4) ICM-

Initial target of CPP of 65mmHg (CPP >55mmHg may be acceptable). Autoregulation parameters and brain biochemistry are used to individualise targets.



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