

HEAD TRAUMA

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Patients with obvious or suspected head trauma

CRITICAL INFORMATION

- Rapid transport to the appropriate trauma receiving facility is important and must be taken into account in the field management of trauma patients

TREATMENT

- ALS RMC
- If BS < 70 or unmeasurable:
 - **Dextrose** 50% 50 ml IVP; if unable to start IV, **Glucagon** 1mg IM
- Attempt intubation once for GCS < 9
- If unable to intubate on single attempt, manage airway with other airway adjunct
- Ventilate to rate of 16-20 breaths per minute or an ETCO₂ reading of 30 mm/hg if worsening GCS and signs of herniation (posturing, unilateral pupillary dilation) are present
- **Midazolam** for seizures according to policy Seizure ALS N 2 and Adult Sedation ATG 3
- Maintain midline head position with head elevated whenever possible

RELATED POLICIES/ PROCEDURES

- Destination Guidelines GPC 4
- Trauma Triage Tool 4613a
- Traumatic Injury T 1
- Seizure ALS N 2
- Spinal Immobilization GPC 13
- Adult Sedation ATG 3