CLINICAL PATHWAY FOR TREATMENT OF INTRACRANIAL HYPERTENSION

ICP Monitoring

Maintain CPP >60 mm Hg

Intracranial Hypertension*

- Head-of-bed elevation to 30°
- Adequate oxygenation
- Normocapnia
- Deepening sedation / analgesia ± paralysis
- Normovolemia, moderate hypervolemia
- Temperature control
- Treatment of seizure

CSF Drainage (if available)

Intracranial Hypertension*

Acute Hyperventilation (15-30 min) to PaCO₂ 30-35 mm Hg

Carefully withdraw ICP treatment

Consider repeating CT Scan

Intracranial Hypertension*

Mannitol (0.25-1.0 g/kg IV over 15-20 min) or Hypertonic Saline Solution (NaCl 7.5%: 2 mL/kg IV over 15 min)

Can repeat if serum osmolality <320 mOsm/kg (maintain patient euvolemic)

Intracranial Hypertension*

FIGURE 1: Clinical Pathway for treatment of intracranial hypertension in severe traumatic brain injury

* ICP of 20-25 mm Hg is used as the treatment threshold.