Continue the following interventions:

- Normocarbia CO2 3.5-4.0 mmHg/Ventilator Support
- Normothermia
- Maintain age appropriate BP
- Infusion of 3% saline and monitor Na+
- Ensure Neurosurgery has been consulted
- Reverse Trendelenberg 30°
- Analgesia
- Sedation

**Monitor neuro status for any change**

Does the patient have a purposeful exam?

- Yes
  - Normal CT
  - Insert ICP Monitor
  - Abnormal CT
    - Exclude pharmacologic reasons for non-purposeful exam
      - 1st Tier Therapy
        - Place ICP monitor OR Ventriculostomy (neurosurg to decide)
          - Improving neuro exam
          - Worsening/Unchanging neuro exam
            - Inability to maintain target ICP/CPP
              - Placement of ventriculostomy (if not already placed)
                - Neuromuscular Blockade
                - 2nd Tier Therapy
                  - Mild Hyperventilation (PaCO2 30-35mmHg)
                    - Barbituate Therapy
                    - Surgical Intervention

- No
  - Normal CT
  - Insert ICP Monitor
  - Abnormal CT
    - Diffuse Injury
    - Focal Injury
      - Surgical Intervention

For:
- Acute herniation
- Bradycardia (tachycardia in small children)
- Hypertension
- Dilated pupil(s)
- Lateralizing signs

- Call Neurosurgery
- Bolus Mannitol (0.5gm/kg) OR 7.5% saline
- Hyperventilation PaCO2 28-30 mmHg
- Obtain STAT Head CT

AVOID
- Hypoxemia
- Hyperventilation or hypoventilation
- Hypotension

REMINDER
- Set ICP/CPP goals with critical care AND Neurosurg so all decisions are based upon the same criteria
- Call neurosurg for persistent ICPs above goal or persistent CPP below goal