

YES

Admission

Admit to PICU

Under Neurosurgery

or Trauma Service

Notify PICU

Unable to maintain

airway or oxygenation,

 $GCS \le 8$  or signs of

increased ICP\*

NO

Diagnosis

Positive CT?

YES

Admit to Neurosurgery or Trauma Service Consider observing in ED.

If no improvement or

concerns, admit to

Neurosurgery

Head CT scan w/o contrast

Neurosurgery Consult



Labs:

CBC

Chem 7

DIC PanelBlood Gas

Hyperosmolar Therapy

• Head CT scan w/o contrast

Neurosurgery Consult

- 3% Saline, 5ml/kg bolus over 15 min
- Temperature:
  - Keep normo-thermic 36 37.5 degrees Centigrade
- BP/Fluids: Avoid hypotension, maintain CPP threshold of 40 mm Hg for Infants & 50 mm Hg for > 1 year if ICP is monitored
  - NS bolus as clinically indicated otherwise NS at a maintenance rate,
  - No dextrose (monitor glucose)
  - If pressors indicated, use Dopamine or Norepinephrine
- Consider Seizure Prophylaxis:
- < 1year Phenobarbital 20 mg/kg loading dose</li>
  - ≥ 1 year Keppra 20mg/kg loading dose
- Sedation/Paralysis: Versed/Fentanyl drips, Rocuronium PRN (avoid PRN Pentobarbital)
- Continuous Reassessment

Developed through the efforts of Children's Healthcare of Atlanta and physicians on Children's medical staff in the interest of advancing pediatric healthcare. This is a general guideline and does not represent a professional care standard governing providers' obligation to patients. Ultimately the patient's physician must determine the most appropriate care. © 2024 Children's Healthcare of Atlanta, Inc.