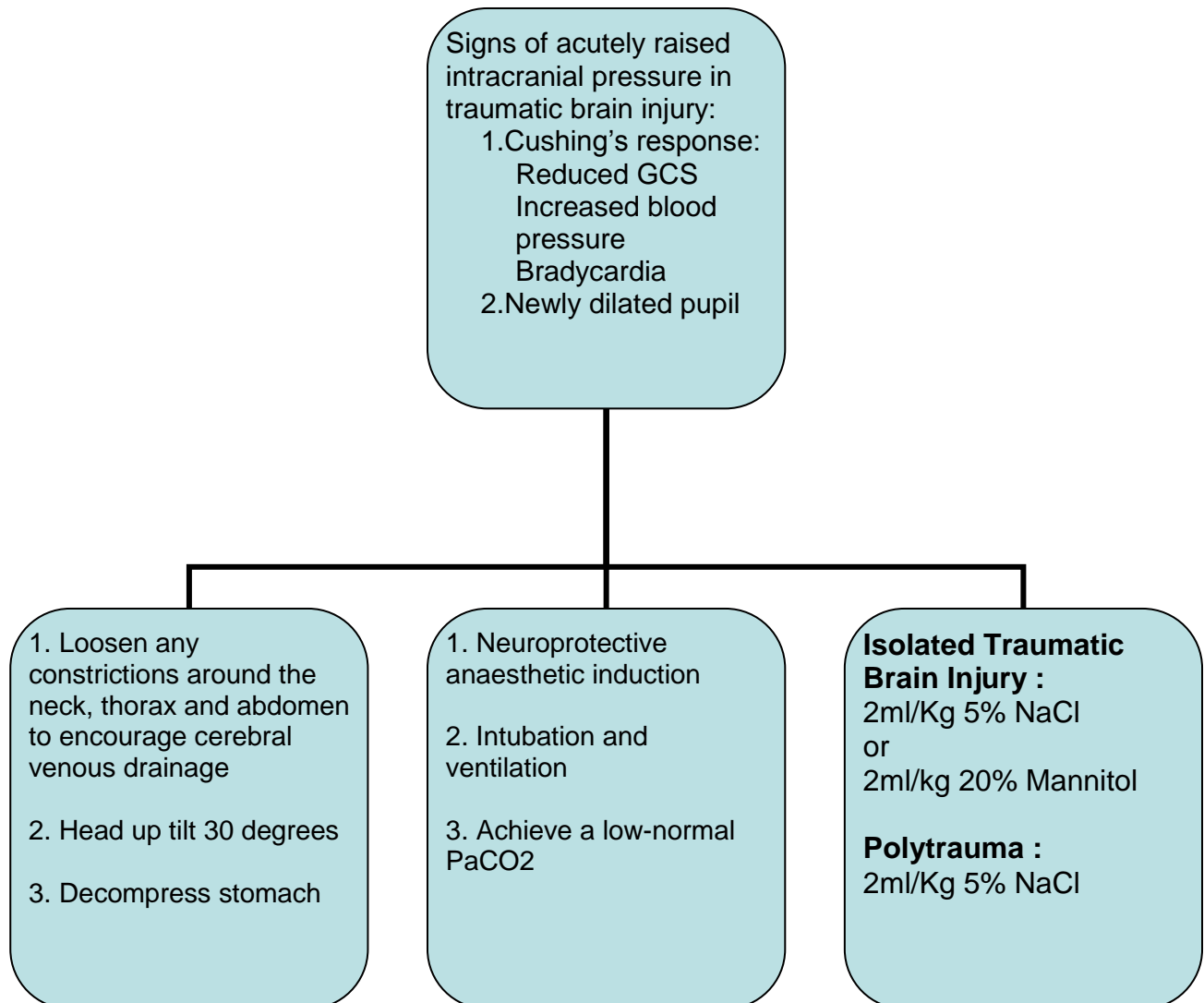


Raised Intracranial Pressure due to Traumatic Brain Injury Clinical Guideline V1.0

November 2018

Summary



1. Aim/Purpose of this Guideline

Ensure that patients with acutely raised intracranial pressure due to traumatic brain injury are given appropriate temporizing measures.

2. The Guidance

2.1. Signs of acutely raised intracranial pressure in traumatic brain injury:

- Cushing's response:
- Reduced GCS
- Increased blood pressure
- Bradycardia
- Newly dilated pupil

2.2. Proceed to reduce intracranial pressure by the following measures whilst organizing emergency transfer for evacuation of intracranial haematoma or other surgical pressure relief:

- Loosen any constrictions around the neck, thorax and abdomen to encourage cerebral venous drainage
- Head up tilt 30 degrees
- Decompress stomach
- Neuroprotective induction, Intubation and ventilation to achieve a low-normal PaCO₂
- Give osmotically-active fluids:
 - Isolated Traumatic Brain Injury : 2ml/Kg of either 5% NaCl or 20% Mannitol
 - Polytrauma - 2ml/Kg 5% NaCl

2.3. Facilitate transfer for Emergency surgery

2.4. 5% NaCl is kept in the ED corridor cupboards

2.5. 20% mannitol is kept in ED Resus

3. Monitoring Compliance and Effectiveness

Element to be monitored	<i>Not required</i>
Lead	<i>n/a</i>
Tool	<i>n/a</i>
Frequency	<i>n/a</i>
Reporting arrangements	<i>n/a</i>
Acting on recommendations and Lead(s)	<i>n/a</i>
Change in practice and lessons to be shared	<i>n/a</i>

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the '[Equality, Diversity & Human Rights Policy](#)' or the [Equality and Diversity website](#).

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Raised Intracranial Pressure due to Traumatic Brain Injury Clinical Guideline V1.0		
Date Issued/Approved:	7 February 2018		
Date Valid From:	November 2018		
Date Valid To:	November 2021		
Directorate / Department responsible (author/owner):	Mark Jadav, Consultant in Emergency Medicine		
Contact details:	01872 252452		
Brief summary of contents	Clinical management of acutely raised intracranial pressure in traumatic brain injury		
Suggested Keywords:	Traumatic brain injury, head injury, ICP, intracranial pressure, mannitol, hypertonic saline		
Target Audience	RCHT ✓	CFT	KCCG
Executive Director responsible for Policy:	Medical Director		
Date revised:	N/A		
This document replaces (exact title of previous version):	New Document		
Approval route (names of committees)/consultation:	ED Consultants, ED Governance Meeting, Major Trauma Review Group		
Divisional Manager confirming approval processes	Debra Shields		
Name and Post Title of additional signatories	Not required		
Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings	{Original Copy Signed}		
	Name: Owen McCormack		
Signature of Executive Director giving approval	{Original Copy Signed}		

Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only	
Document Library Folder/Sub Folder	Major Trauma			
Links to key external standards	None			
Related Documents:	n/a			
Training Need Identified?	No – this guideline provides point-of-care reference information			

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
7/2/2018	V1.0	Initial Issue	Mark Jadav, Consultant in Emergency Medicine

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document


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Appendix 2. Initial Equality Impact Assessment Form

This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.

<p><i>Name of the strategy / policy / proposal / service function to be assessed:</i> Raised Intracranial Pressure due to Traumatic Brain Injury Clinical Guideline V1.0</p>					
<p>Directorate and service area: Emergency Department</p>			<p>Is this a new or existing <i>Policy</i>? New</p>		
<p>Name of individual completing assessment: Mark Jadav</p>			<p>Telephone: 01872252452</p>		
<p>1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal / service function aimed at?</i></p>	<p>Ensure that patients with acutely raised intracranial pressure due to traumatic brain injury are given appropriate temporizing measures. Aimed at treating clinicians in major trauma specialties, primarily ED.</p>				
<p>2. <i>Policy Objectives*</i></p>	<p>Ensure that clinicians treating patients with severe TBI can access appropriate reference information.</p>				
<p>3. <i>Policy – intended Outcomes*</i></p>	<p>Appropriate clinical care for raised ICP in TBI.</p>				
<p>4. <i>*How will you measure the outcome?</i></p>	<p>Not intended to be audited</p>				
<p>5. Who is intended to benefit from the <i>policy</i>?</p>	<p>Patients with raised ICP due to TBI</p>				
<p>6a Who did you consult with</p>	Workforce	Patients	Local groups	External organisations	Other
	Yes			Yes	
<p>b). Please identify the groups who have been consulted about this procedure.</p>	<p>Please record specific names of groups Consultant Neurosurgeon, ED consultants, ED Governance meeting, Major Trauma Review Group,</p>				
<p>What was the outcome of the consultation?</p>	<p>This guideline</p>				

7. The Impact				
Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.				
Are there concerns that the policy could have differential impact on:				
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		X		
Sex (male, female, trans-gender / gender reassignment)		X		
Race / Ethnic communities /groups		X		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		X		
Religion / other beliefs		X		
Marriage and Civil partnership		X		
Pregnancy and maternity		X		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		X		
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> You have ticked "Yes" in any column above and No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or Major this relates to service redesign or development 				
8. Please indicate if a full equality analysis is recommended.			Yes	No X
9. If you are not recommending a Full Impact assessment please explain why.				
No reason for this guideline to impact equality				

Signature of policy developer / lead manager / director Mark Jadav		Date of completion and submission 03/07/2018
Names and signatures of members carrying out the Screening Assessment	1. Mark Jadav 2. Human Rights, Equality & Inclusion Lead	

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,
Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust's web site.

Signed __ Mark Jadav__

Date ____03/07/2018____