Traumatic Intracranial Hemorrhage Algorithm

CT Head confirms intracranial hemorrhage due to trauma

Neurosurgical Consultation

Medical history available

Medical history unavailable

Assess for EtOH, ESRD, cirrhosis, bleeding disorders, ASA, NSAID, Antiplatelet/Anticoagulant use

- Keppra
- Admit SICU: Q6 hr Chemistry, Coags
- Q1 hr neuro exam
- CT Head in 4hrs or sooner if change in MS
- HOB elevation
- ICP monitor per BTF guidelines
- 3% NS if normo/hypotensive or hyponatremic
- Mannitol if hypertensive with high ICPs
- Propofol if sedation required
- Fentanyl for pain control
- CO_2 management (32-35 $PaCO_2$)
- Consider TXA

Consider Platelets and/or TXA if age ≥ 65, sternotomy scar, stigmata of PAD/ESRD/Cirrhosis. Check POC INR

(+) ASA
(+) Plavix
(+) Cirrhosis
(+) Plt disorder
(+) NSAID

(+) ESRD

(+) Coumadin

(+) NOAC

Apixaban (Eliquis) Rivaroxaban (Xarelto)

Dabigatran (Pradaxa)

platelets

platelets ddAVP

PCC

Andexxa

Idarucizumab