

GENERAL TREATMENT PRINCIPLES – BOTH GROUPS

Treatment protocol: We strongly suggest using these interventions whenever available and/or possible.

1. Patient monitoring measures
 - a. Place patient on mechanical ventilation (VM)
 - b. Place continuous SaPO₂ and EtCO₂ monitors
 - c. Insert indwelling urinary catheter to monitor urine output
 - d. Insert arterial catheter for arterial mean pressure monitoring
 - e. Insert central venous catheter for infusion of solutions and central venous pressure monitoring.
 - f. Monitor neurological clinical status each hour
 - i. Pupils
 - ii. GCS
 - iii. etc
 - g. Brain CT
 - i. To evaluate evolution 48 hours after the admission CT
 - ii. To evaluate evolution 5-7 days after the admission CT
 - iii. p.r.n.
2. General measures
 - a. Head positioning 30°
 - b. Head and neck in neutral position and aligned
 - c. Avoid hyperthermia
 - i. Defined as central temperature $\geq 38^{\circ}\text{C}$
 1. Non-drug measures (cooling)
 2. Dipirone (Metamizole sodium)
 - d. Early enteral nutritional support
 - i. Before 48 hours
 - ii. 25 Kcal/kg weight

- e. Pharmacologic prophylactic of post traumatic seizures
 - i. Phenytoin (IV or PO)
 - 1. Load and maintenance dose as is being giving in each hospital
 - f. Gastric bleeding prophylaxis
 - i. Ranitidine or Omeprazol
 - g. Avoid decubitus lesions
 - h. Deep venous thrombosis prophylaxis
 - i. Frequent tracheal suctioning with sterile technique to prevent pulmonary infections
3. Routine CT scans
- a. First CT: on Hospital admission
 - b. Second CT: 48 hours after the first CT
 - c. Third CT: 5-7 days after the first CT