



COMMENTS

See management algorithm for intraoperative monitoring & diagnosis of suspected head injury w/ polysys. injuries

Prioritizing CT ahead of laparotomy (for indications) requires a likelihood of major CNS injury + small risk of delayed lap:
 1) GCS \leq 8
 2) BP consistently > 100 sys
 3) absence of "free flow drawback" (blood) on DPL

General indications for craniotomy based on initial head CT

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Indications for ICP monitoring with **NORMAL** head CT:

- GCS \leq 8 and > 3 unless: age < 40 and BP > 90 and GCS_{motor} \geq 4

Indications for ICP monitoring for **ABNORMAL** CT :

- all GCS \leq 8
- all GCS > 8 with: MASS (SDH, EDH, contusion), compressed systems, or midline shift

Measured ICP and f/u CT scan should NOT show evidence of increased intracranial pressure if semi-elective procedure contemplated. Major ORIF + pulm contusion => increased incidence of ARDS / hypoxia which may worsen brain injury.

Limited orthopedic treatment may consist of:

- bedside washout in ICU
- washout + rapid external fixation only
- use of non-reamed nails

Intraoperative monitoring should consist of:

- CVP
- ICP
- arterial line + pulse oximetry

PROPOSED MANAGEMENT ALGORITHM FOR COMBINED BRAIN AND MAJOR ORTHOPEDIC INJURIES.