## Early management of traumatic brain injury: from roadside to ICU

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## There is a significant burden of disease.

•In Aus/NZ approx 1000 cases of severe TBI (GCS <8) per year with approximately 30% mortality and overall 50% are severely disabled or dead. Most recent USA figures are from 2013 and indicated almost 300,000 hospitalisations and 56,000 deaths. In 2010 TBI costs were estimated at \$76.5 billion USD. This is a pathology that strikes the young- it is the leading cause of disability in the under 40 age group and occurs because of

- 1. Motor vehicle accidents
- 2. Falls
- 3. Assaults

In this overview update talk we will cover

- Primary vs. Secondary brain injury and what we can do to prevent both
- Emergency roadside management and the targets for immediate resuscitation and care
- Management in the emergency department including updates on the research into the use of tranexamic acid as well as optimum blood pressure targets
- Further management within the secondary or tertiary hospital including
  - How to manage the head injured patient for non-neurosurgery
  - Indications for invasive intracranial pressure monitoring and what we use at Auckland City Hospital
  - Ongoing issues that arise after head injury and how to treat them, including "Brain Orientated Intensive Care", the role of Decompressive Craniectomy, Barbiturate coma and most importantly, prognostication

## References:

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