

# NEUROPROTECTION CHECKLIST

Patient Name & CHI

(Traumatic Brain Injury)

TIME:

DATE:

Intubated

SAS

EMRS

ED Resus

## Neuroprotection checklist

GCS Pre-Intubation

E:

V:

M:

YES

NO

If no, specify reason:

Pupils Reactive

30 degree head-up tilt

C-spine immobilisation

Head kept midline

ETT Taped (*not tied*)

MAP >60 (*if arterial line*)

Gastric tube Oro-gastric

(*Not naso-gastric*)

Urinary catheterisation

Glucose (*5 – 10*)

Value:

Temperature (*35 - 37.5*)

Value:

EtCO<sub>2</sub> 4.0 – 5 kPa

(*Ideally within 1hr*)

Value:

PaO<sub>2</sub> 11 – 13 kPa

(*aim sats >94%*)

Value:

PaCO<sub>2</sub> 4.5 – 5.5 kPa

Value:

RSI Drugs

Opiate at Induction

Appropriately sedated for transfer

Please document drugs used and doses:

NAME:

DATE:

TIME: