



Management of Pediatric Traumatic Brain Injury

Interventions for GCS \leq 8:

- Assess patient ABCs.
- Intubate for GCS \leq 8.
- Maintain normal BP.
Use volume resuscitation for hypotension.
- Administer 3% saline 2 ml/kg if available. If unavailable, give Mannitol 0.25 gm/kg if hemodynamically stable.
- Maintain stable pCO₂ (35-40 mmHg).
Utilize a ventilator if available.
- Elevate head of bed up to 30 degrees.
(reverse Trendelenburg)

AVOID the following:

- **AVOID** hyper- or hypoventilation.
Maintain pCO₂ 35-40 mmHg.
- **AVOID** hypoxemia.
- **AVOID** hypotension.
- **AVOID** hypotonic fluids.

**Admission and Transfer Center
866-890-5969**

Normal Pediatric Vital Signs

	HR	RR	Systolic BP (lower limit) Infant
Infant (< 1yr)	100-160	30-60	> 60 (or strong pulse)
Toddler (1 - 3 yrs)	90-150	24-40	> 70 (or strong pulse)
Preschool (4 - 5 yrs)	80-140	22-34	> 75
School Age (6 - 12 yrs)	70-120	18-30	> 80
Adolescent (12 - 18yrs)	60-100	12-20	> 90

Glasgow Coma Scale: Infant/Toddler

Eye Opening	
Spontaneous	4
To Voice	3
To Noxious Stimuli	2
None	1
Verbal Response	
Appropriate Words or Social Smile, Fixes and Follows	5
Cries, but Consolable	4
Persistently Irritable	3
Moans Only to Noxious Stimuli	2
None	1
Motor Response	
Normal, Spontaneous Movements	6
Withdraws to Touch/Localizes	5
Withdraws to Noxious Stimuli	4
Flexion (Decorticate)	3
Extension (Decerebrate)	2
No Response	1

This card is made possible by generous donations to
 UI Children's Hospital through Children's Miracle Network.