



NORTHERN CALIFORNIA EMS, INC.

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M E M O R A N D U M

To: Air Ambulance Providers
ALS Providers
BLS Providers
Prehospital Care Coordinators
Base Hospital Medical Directors
Receiving Facilities

From: Eric M. Rudnick, MD, FACEP, FAAEM
Medical Director

Date: September 24, 2009

Subject: CARE OF THE HEAD INJURED PATIENT

I had an opportunity to discuss how to improve the care we deliver to head injured patients with several neurosurgeons. First, overall we are doing a good job caring for these critically ill patients. There are, however, three (3) points that were stressed to improve the overall care.

- 1) A critical element is the initial Glasgow Coma Score (GCS) obtained in the field. This key piece of information needs to be conveyed to the Emergency Physician. The initial GCS does help guide what type of interventional therapies the patient may receive.
- 2) If at all possible, with severe head injured patients, a mild elevation of the head of the backboard can be helpful. It is critical to reassess the patient's neurologic status after this in case of deterioration. As little as a 10 to 30 degree elevation can help these patients.
- 3) Ensure adequate oxygenation to these trauma patients. This can be accomplished with either a BLS or ALS airway. If the patient is intubated, then closely monitor the End Tidal CO₂. Keep the values approximately 35 mm Hg CO₂.

Thank you for your on-going commitment to providing excellent care.

ER:kvd