



HOBIT CLINICAL STANDARDIZATION GUIDELINES

SUBJECT RANDOMIZED TO:

STUDY COORDINATOR CONTACT:

ELEVATED ICP

DEFINED AS > 22 mmHg FOR
GREATER THAN 15 MINUTES

TIER 1 INTERVENTIONS

Elevate head of bed $\geq 30^\circ$
Drain CSF
Analgesia/sedation PRN
Hyperosmolar therapy
Mild hyperventilation (PaCO₂ goal 35-40 mmHg)

Complete Tier 1 within 30-60 minutes, if ICP ≥ 22
mmHg proceed to Tier 2

TIER 2 INTERVENTIONS

Continued hyperosmolar therapy
Chemical paralysis
PaCO₂ goal of 30-35 mmHg, as long as brain
hypoxia is not encountered

Complete Tier 2 within 30-60 minutes, if ICP ≥ 22
mmHg proceed to Tier 3

TIER 3 INTERVENTIONS

Decompressive craniectomy
Anesthetic coma (barbiturates/propofol)

Cerebral Perfusion
Pressure (CPP) of
 ≥ 60 -mmHg should be
maintained
(CPP = MAP- ICP)

Measures to improve the CPP in the
euvolemic subject in whom measures to
decrease intracranial pressure have not
been effective:

- Neosynephrine infusion
- Other vasoactive adjuncts

- Do not push the CPP greater
than 70 mmHg.
- Spontaneous elevations of CPP
greater than 70 mmHg are
acceptable and should not be
actively lowered.

HEMODYNAMIC GOALS

- MAP ≥ 70 mmHg
- CPP ≥ 60 mmHg
- Brain tissue PO₂ ≥ 20 mmHg
- ICP < 22 mmHg