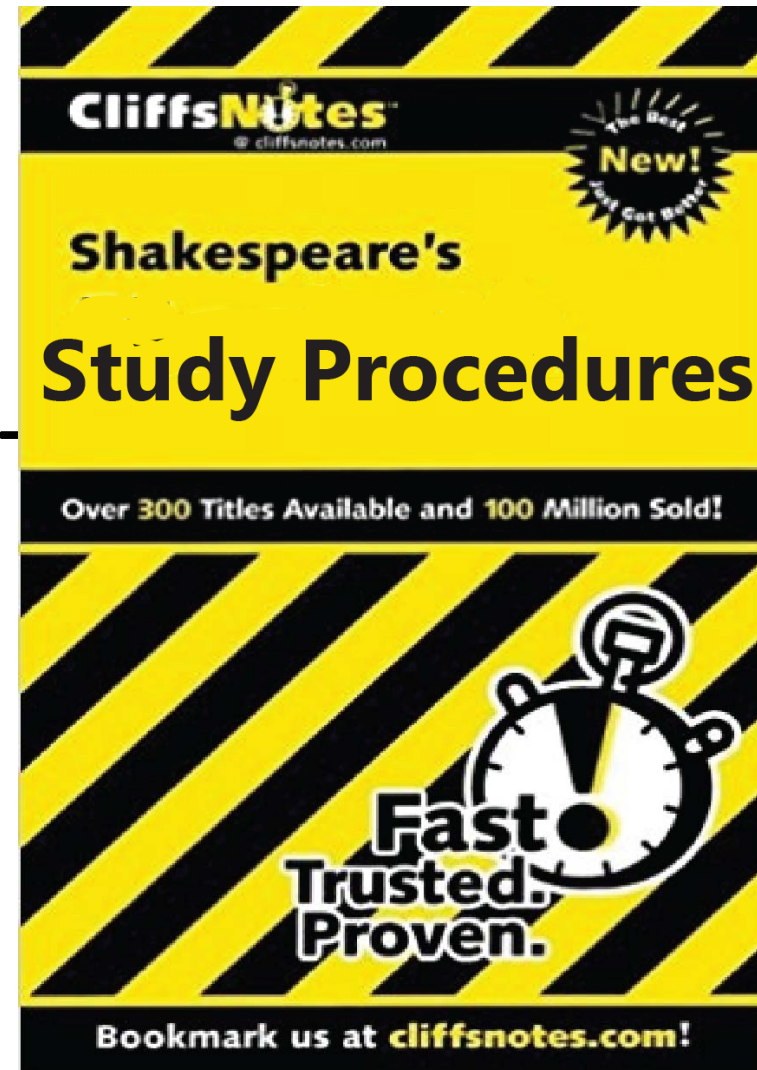


HOBIT

Frederick Korley, M.D., Ph.D.



60 minutes BID

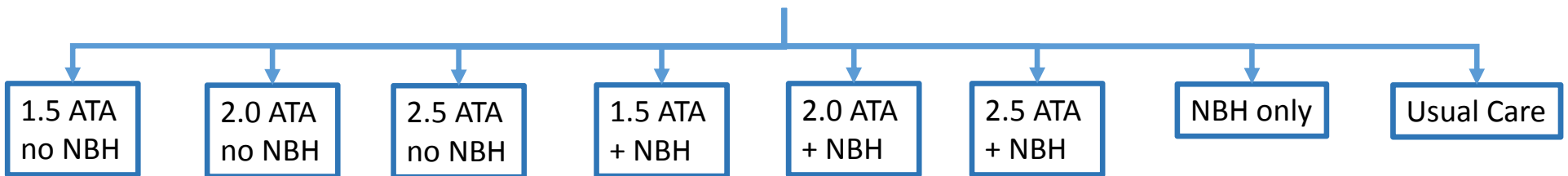
**Bilateral myringotomy
before first dive**

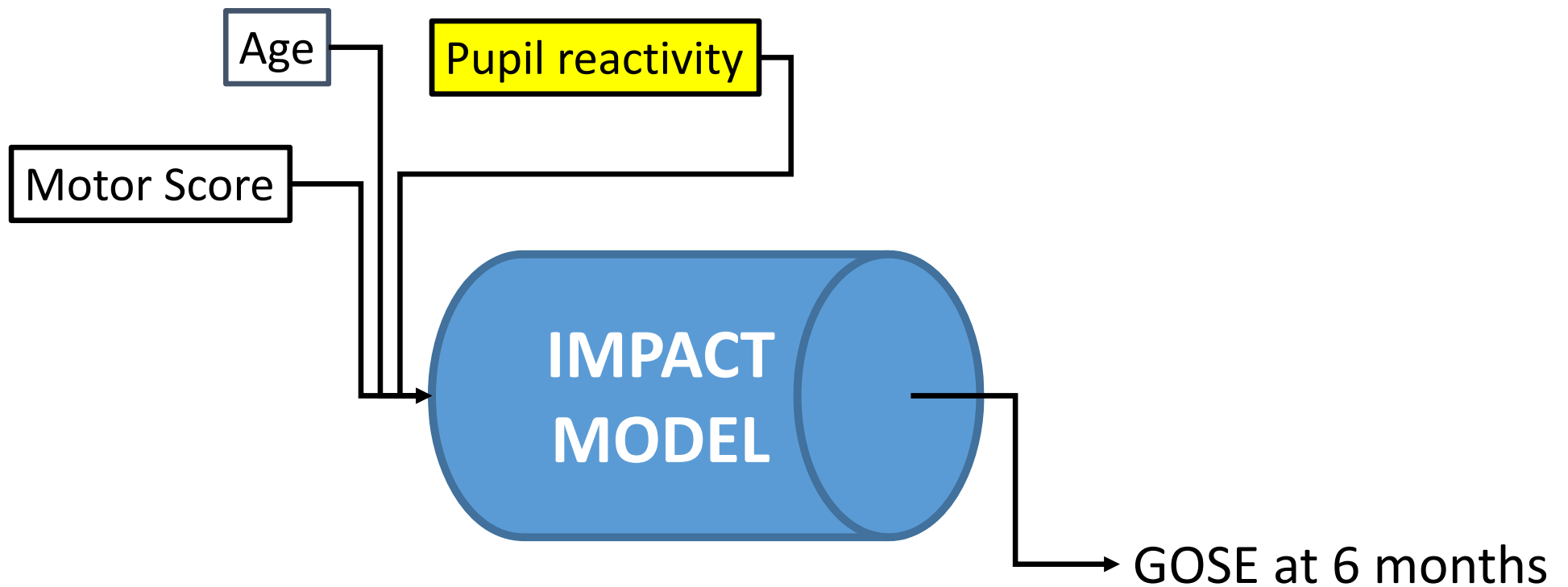
Check for patency daily



10 dives in total

- Second dive: at least 8 hours after first
- Subsequent dives are at q12hrs (+/- 2hrs)
- NBH treatment is 3 hours per session



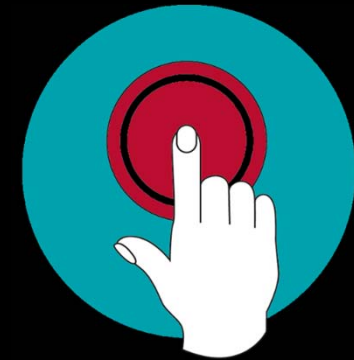


Sliding Dichotomy

Initial head CT
First repeat head CT



Central repository



Physiologic Data – Clinical Flowsheet

ICP

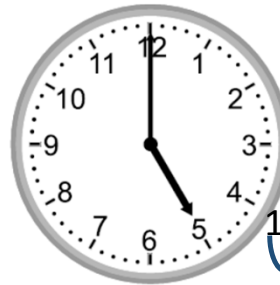
MAP

CPP

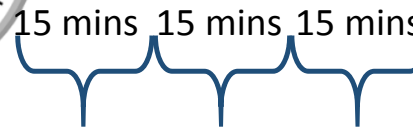
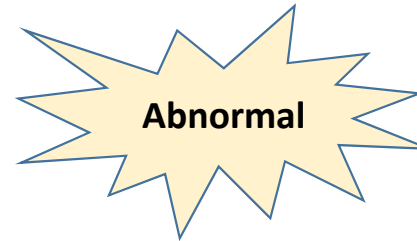
PbtO₂



record



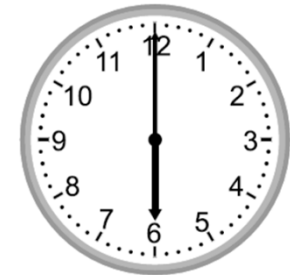
record



record

record

record



record

Physiologic Data - WebDCU

ICP

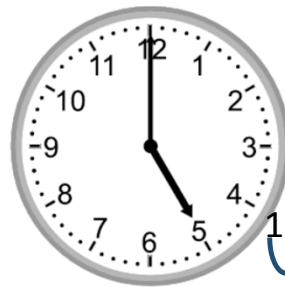
MAP

CPP

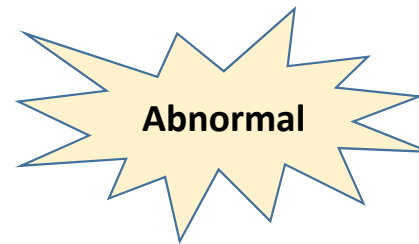
PbtO2



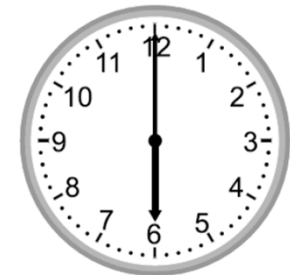
Record only if abnormal



Record only if abnormal



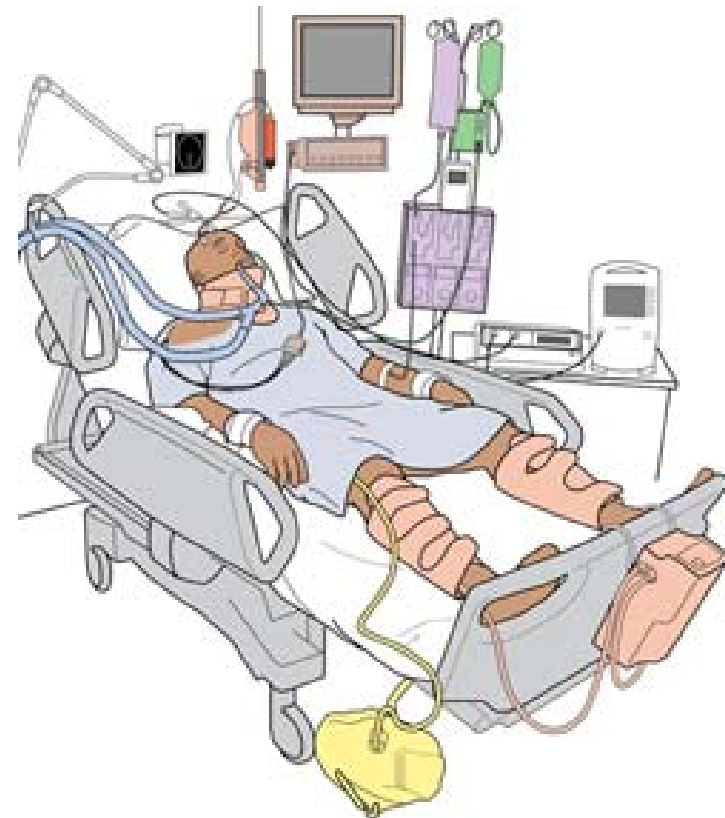
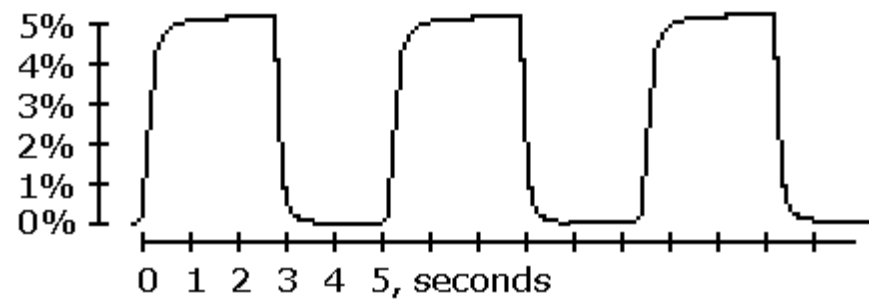
15 mins 15 mins 15 mins



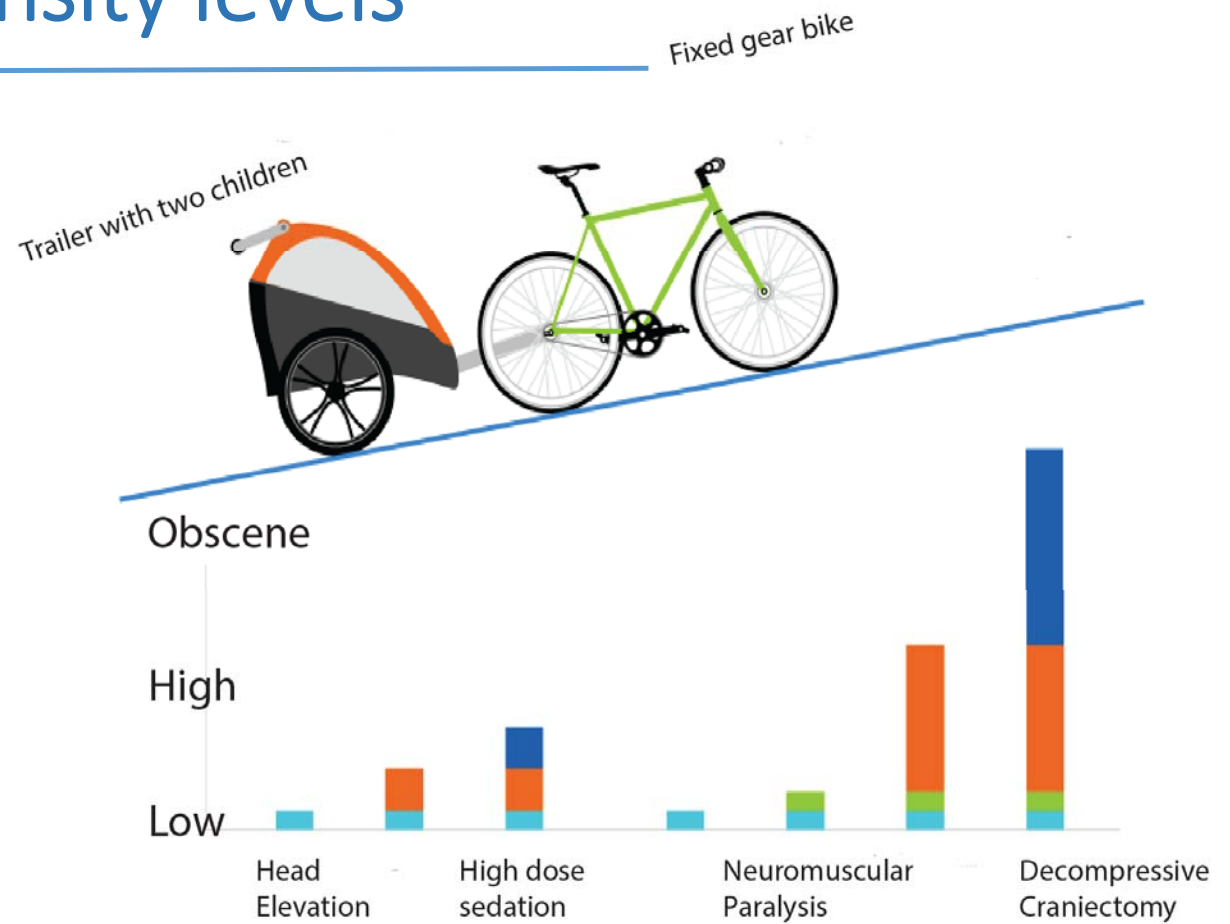
Record only if abnormal

Record max/min value for the hour

EtCO₂



Therapeutic intensity levels



			<i>Assignment of scores</i>	
			<i>Score</i>	<i>Max score</i>
<input type="radio"/> No	<input type="radio"/> Yes	Head elevation for ICP control	1	
<input type="radio"/> No	<input type="radio"/> Yes	Nursed flat (180°) for CPP management	1	1
<input type="radio"/> No	<input type="radio"/> Yes	Sedation (low-dose as required for mechanical ventilation)	1	
<input type="radio"/> No	<input type="radio"/> Yes	Higher-dose sedation for ICP control (not aiming for burst suppression)	2	
<input type="radio"/> No	<input type="radio"/> Yes	Metabolic suppression for ICP control with high-dose barbiturates or propofol	5	
<input type="radio"/> No	<input type="radio"/> Yes	Neuromuscular blockade (paralysis)	3	8
<input type="radio"/> No	<input type="radio"/> Yes	CSF drainage < 120 mL/d (<5 mL/h)	2	
<input type="radio"/> No	<input type="radio"/> Yes	CSF drainage ≥ 120 mL/d (≥5 mL/h)	3	3
<input type="radio"/> No	<input type="radio"/> Yes	Fluid loading for maintenance of cerebral perfusion	1	
<input type="radio"/> No	<input type="radio"/> Yes	Vasopressor therapy required for management of cerebral perfusion	1	2
<input type="radio"/> No	<input type="radio"/> Yes	Mild hypocapnia for ICP control (PaCO ₂ 4.6–5.3 kPa [35–40 mm Hg])	1	
<input type="radio"/> No	<input type="radio"/> Yes	Moderate hypocapnia for ICP control (PaCO ₂ ≥ 4 kPa [30 mm Hg])	2	
<input type="radio"/> No	<input type="radio"/> Yes	Intensive hypocapnia for ICP control (PaCO ₂ < 4 kPa [30 mm Hg])	4	4
<input type="radio"/> No	<input type="radio"/> Yes	Hyperosmolar therapy with mannitol up to 2 g/kg/24 h	2	
<input type="radio"/> No	<input type="radio"/> Yes	Hyperosmolar therapy with hypertonic saline up to 0.3 g/kg/24 h	2	
<input type="radio"/> No	<input type="radio"/> Yes	Hyperosmolar therapy with mannitol > 2 g/kg/24 h	3	
<input type="radio"/> No	<input type="radio"/> Yes	Hyperosmolar therapy with hypertonic saline > 0.3 g/kg/24 h	3	6
<input type="radio"/> No	<input type="radio"/> Yes	Treatment of fever (>38°C) or spontaneous temperature of 34.5°C	1	
<input type="radio"/> No	<input type="radio"/> Yes	Mild hypothermia for ICP control with a lower limit of 35°C	2	
<input type="radio"/> No	<input type="radio"/> Yes	Hypothermia below 35°C	5	5
<input type="radio"/> No	<input type="radio"/> Yes	Intracranial operation for progressive mass lesion, not scheduled on admission	4	
<input type="radio"/> No	<input type="radio"/> Yes	Decompressive craniectomy	5	9
Total maximal score:				38 ^a

Others

ABG prn

**GOSE at 1, 3
and 6 months**

Chest X-Ray prn