

UHS RSCH ICU Neurosurgical Prompt Cards

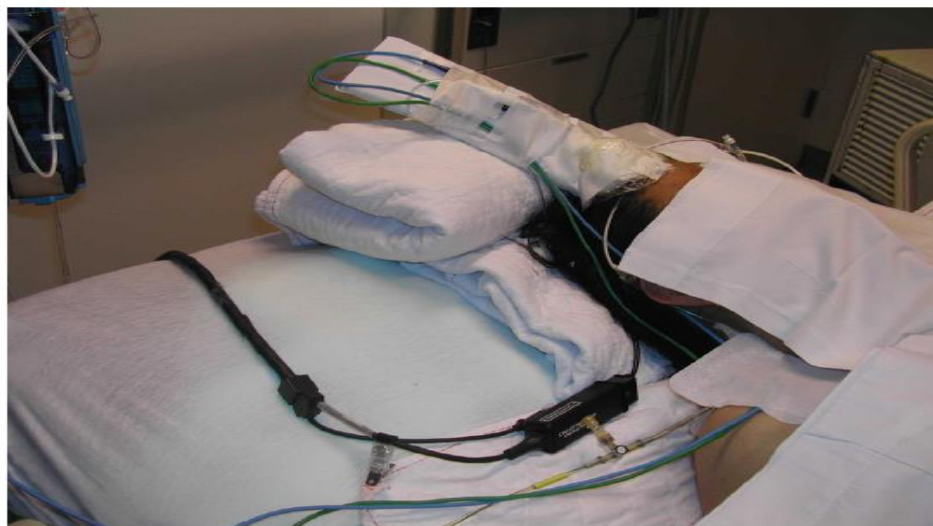
Care of Patient with Licox Monitoring

See also: 'Guidelines for the Management of Traumatic Brain Injury' on
Microguide:

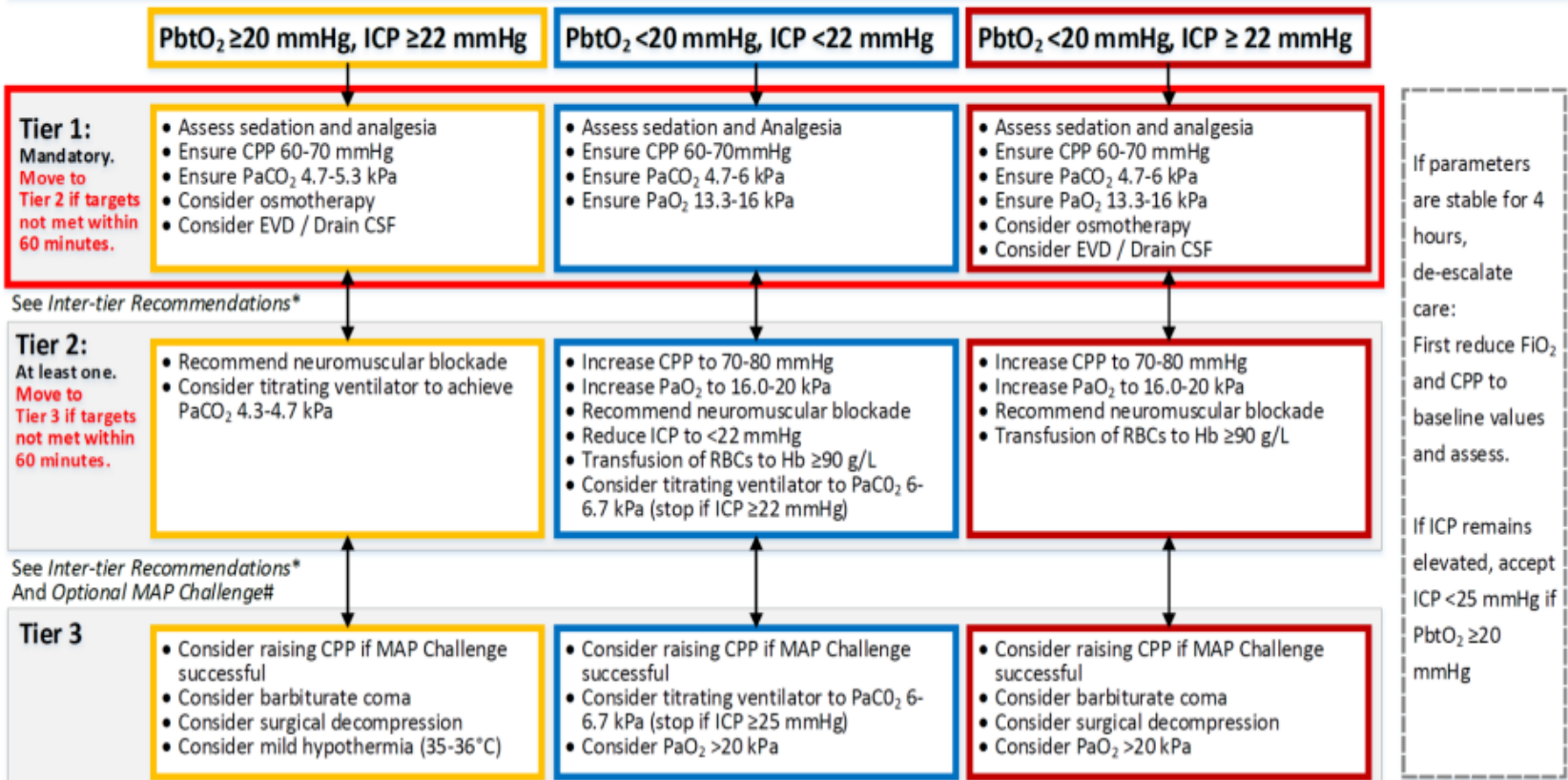
Clinical Guidelines ICU > Neuro > TBI Management of Traumatic Brain Injury

Care of the patient with Licox monitoring

- Follow PbtO₂/ICP Management algorithm (**see flow chart below**)
- Aim to keep PbtO₂ >20mmHg and ICP <22mmHg
- If patient is requiring Licox monitoring, PiCCO/CCO monitoring may also be indicated
- Cables must be secure: they should not hang off bed, lay on floor or pull at insertion site.
- Create a 'splint' for the cable insertion point (see diagram) – this supports the probes and cables, preventing pulling at site. Cables should be secured to this.
- The splint should be supported on rolled up towels (see diagram)
- 'Tension points' reduce the risk of the probe being disturbed/pulled out:
FIRST TENSION POINT: the splint should be secured with tape, to the patient's head
SECOND TENSION POINT: cables from the probe to the monitor should be brought in a loop to the shoulder, and secured with tape



PbtO₂ <20 mmHg and / or ICP ≥22 mmHg for ≥5 minutes



*** Inter-tier recommendations:**
Always consider

- Re-examine the patient and consider repeat CT to re-evaluate intracranial pathology
- Reconsider surgical options for potentially surgical lesions
- Consider extracranial causes of ICP elevation
- Review that basic physiologic parameters are in desired range (e.g. CPP, blood gas values)
- Consider consultation with higher level of care if applicable for your health care system

Optional MAP Challenge:
Perform MAP Challenge to assess cerebral autoregulation and guide MAP and CPP goals in individual patients

- Perform under direct supervision of a physician who can assess response and ensure safety
- No other therapeutic adjustments (i.e. sedation) should be performed during MAP Challenge
- Initiate or titrate vasopressors or inotrope to increase MAP by 10 mmHg for not more than 20 minutes
- Monitor and record key parameters (MAP, CPP, ICP and PbtO₂) before, during and after the challenge
- If ICP improves with Challenge, consider higher CPP range (maximum MAP 110 mmHg)
- If no improvement, return vasopressor/inotrope dose to pre-test dose upon completion