

This is a general guideline and does not represent a professional care standard governing providers' obligations to patients. Care may be revised to meet individual patient needs.

UNC Pediatric Traumatic Brain Injury Clinical Pathway

Alarming signs

- **Blown pupil:** enlarged and fixed
- **New lateralizing exam**

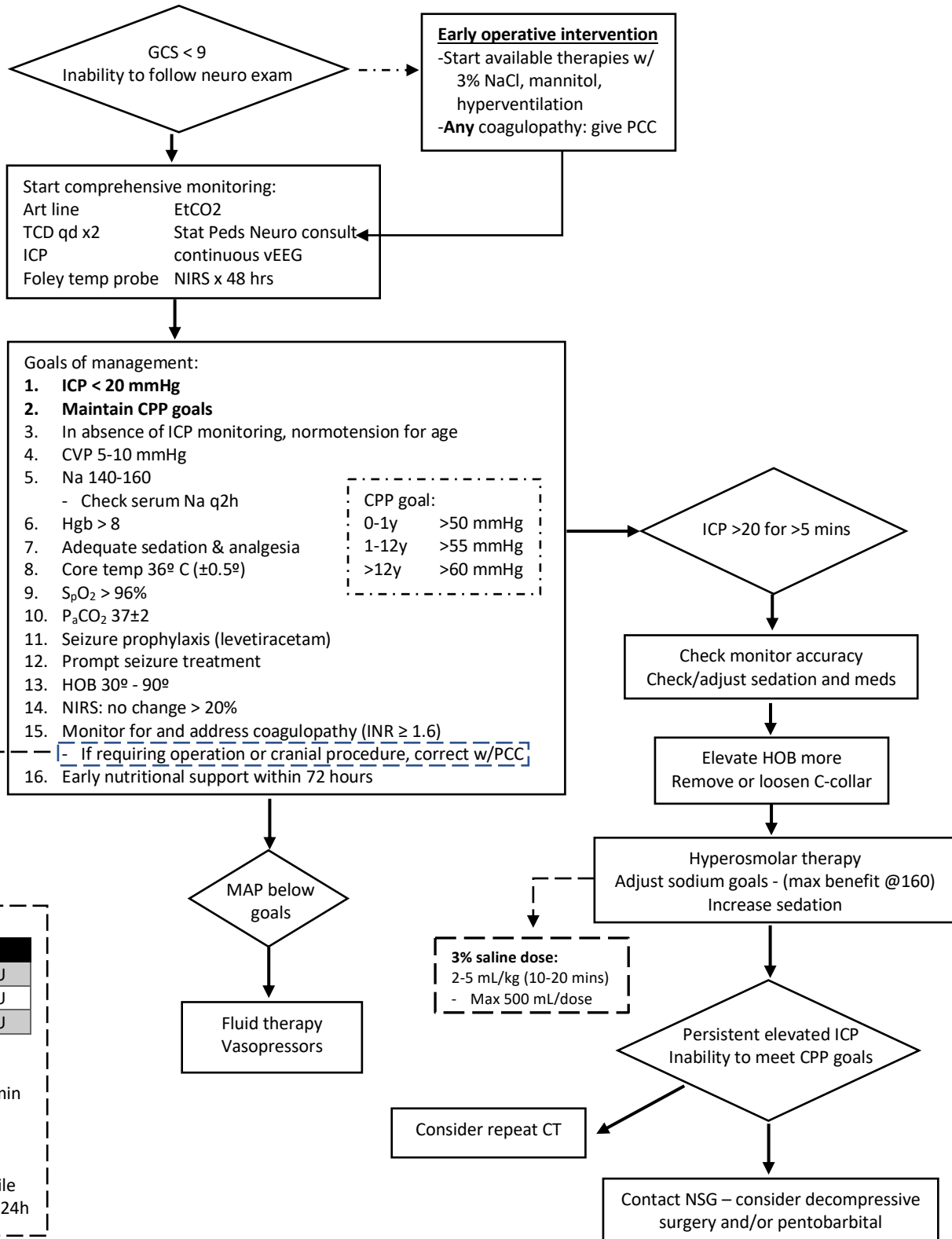
Preferred mode of administration for 3% saline is central line.

23.4% saline **cannot** be administered without central access.

Abbreviations used:

- PCC = prothrombin complex concentrate
- CPP = cerebral perfusion pressure
- ICP = intracranial pressure
- CVP = central venous pressure
- HOB = head of bed
- NIRS = near infrared spectroscopy

23.4% saline dose:
 0.5 mL/kg
 - Max 30 mL/dose
ATTENDING ORDER ONLY



PCC DOSING:

INR	Dose
2 to <4	25 U/kg; max 2500 U
4 to 6	35 U/kg; max 3500 U
>6	50 U/kg; max 5000 U

(Max dosing wt = 100 kg)

Rate: Administer @0.12 mL/kg/min (~3 U/kg/min) **not to exceed** 8.4 mL/min

Labs: Recheck INR and coag profile 30 mins after dose, then q6h for 24h

Kochanek, Patrick M et al. "Guidelines for the Management of Pediatric Severe Traumatic Brain Injury, Third Edition: Update of the Brain Trauma Foundation Guidelines, Executive Summary." *Neurosurgery* vol. 84,6 (2019): 1169-1178. doi:10.1093/neuros/nyz051
 Daniel Lercher, PICU, last revision 1/17/2023