

It goes where you do!

Stall Street Journal



Place it on the wall or in the stall!

Prevent the H-bombs!

- **Hypoxia**
Keep $SpO_2 > 90\%$. Put High Flow O_2 on ALL Potential TBI pts
- **Hypotension**
Keep SBP > 90 mmHg
- **Hyperventilation**
Ventilate at 10 bpm and keep $ETCO_2$ at 40 mmHg (35-45)
- **Hypoglycemia**
Check, treat, and document treatment of low blood sugar

It's time to refresh, Arizona!

EPIC care seems simple, but simple is not easy. It is *crucial* to stay on top of EPIC Guideline Care. To stay current, refresh every 6 months.

Watch our online [refresher](#) to keep up on excellent TBI care.

After you transfer care, give your fluids a stare

Should we document IV fluids given?

Fluids are just like drugs—the amount given should **always** be documented.

Treat your fluids like drug doses, and document how much you gave.

Little evidence exists on prehospital fluid administration. EPIC can help find out how fluids affect patients if you document how much you gave.

GrayZone Patients (should I tube now or not?)

All TBI patients are at risk for deterioration and hypoxia. Apply oxygen first and determine *your options next*.

Unable to manage airway with BVM? First Pass Success Intubation

TBI patient with a GCS of 15? High Flow O_2 by NRB Mask and monitor closely

TBI patient with a GCS of 5-8? GrayZone. Evaluate all options before deciding to tube

When you have a GrayZone patient, take these into account:

Take home point: Use your judgement, but consider all options and be ready to change course.

- Distance to Trauma Center
- EXPERIENCED intubator present?
- Patient anatomy
- Time needed on scene to tube
- Availability of equipment
- Availability of resources

Many adults & most peds patients can be manually ventilated successfully

Check out our [website](#) for more GrayZone education!

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Keep the EPIC guidelines on hand (literally) with the **Pocket TBI app!**



Get it at the [Google Play Store](#) or the [iPhone Apple Store](#)