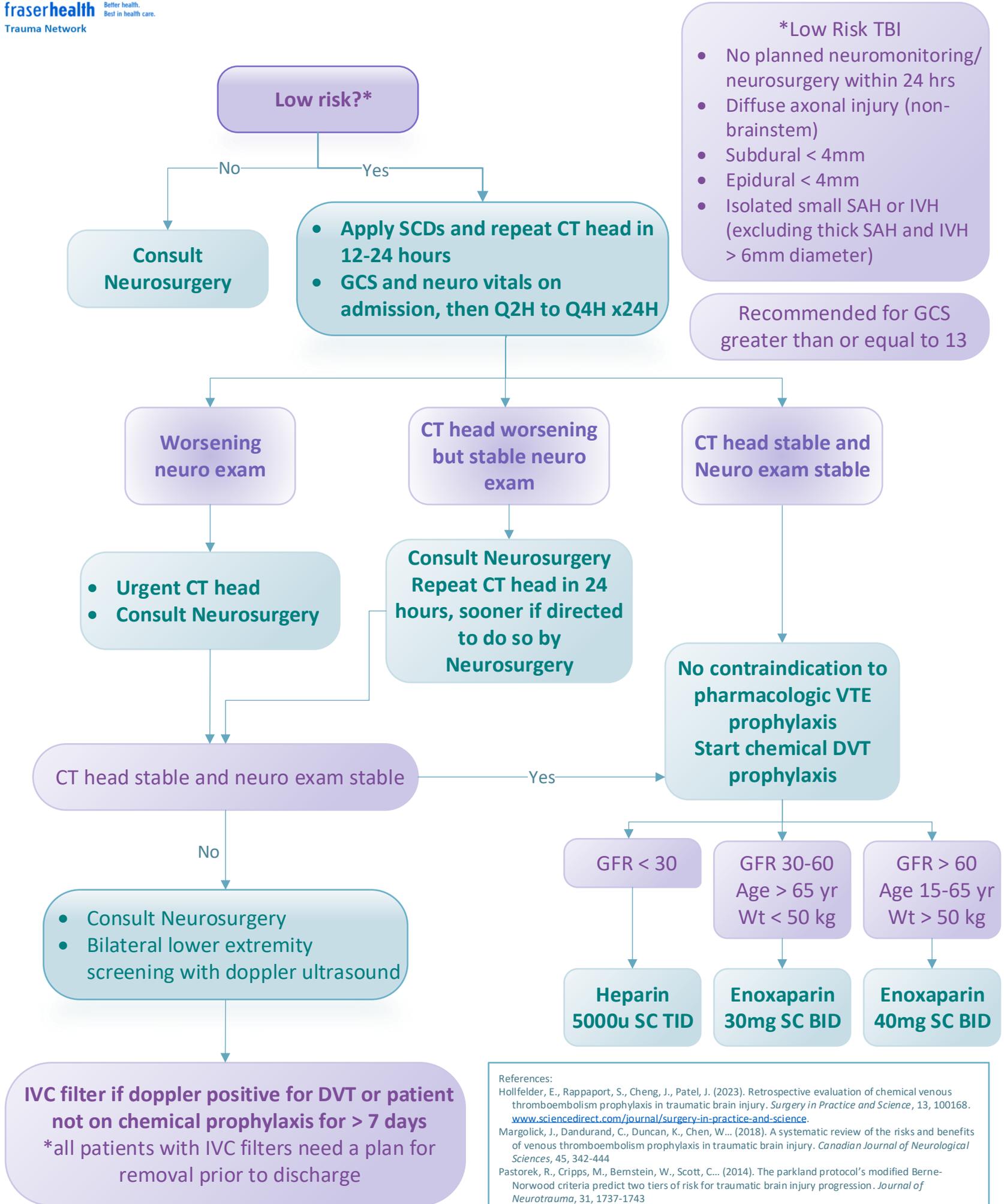


Traumatic Brain Injury CPG



***Low Risk TBI**

- No planned neuromonitoring/ neurosurgery within 24 hrs
- Diffuse axonal injury (non-brainstem)
- Subdural < 4mm
- Epidural < 4mm
- Isolated small SAH or IVH (excluding thick SAH and IVH > 6mm diameter)

Recommended for GCS greater than or equal to 13

References:

Hölldfelder, E., Rappaport, S., Cheng, J., Patel, J. (2023). Retrospective evaluation of chemical venous thromboembolism prophylaxis in traumatic brain injury. *Surgery in Practice and Science*, 13, 100168. www.sciencedirect.com/journal/surgery-in-practice-and-science.

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Pastorek, R., Cripps, M., Bernstein, W., Scott, C... (2014). The parkland protocol's modified Berne-Norwood criteria predict two tiers of risk for traumatic brain injury progression. *Journal of Neurotrauma*, 31, 1737-1743

Qian, C., Huhtakangas, J., Juvela, S., Bode, M... (2021). Early vs. late enoxaparin for the prevention of venous thromboembolism in patients with ICH: a double blind placebo controlled multicenter study. *Clinical neurology and neurosurgery*, 202, 106534

* CPG revised 10 April, 2024 by FH Trauma Network