



KIDS CLINICAL GUIDELINE – NEUROSURGICAL EMERGENCY

1. **ACTIVATE** YOUR HOSPITAL'S **PAEDIATRIC EMERGENCY TEAM** (CARDIAC ARREST, MEDICAL EMERGENCY, TRAUMA etc)
2. **CALL KIDS ON 0300 200 1100** AFTER INITIAL ASSESSMENT COMPLETE (BEFORE CT IF POSSIBLE)
3. IF **TIME CRITICAL TRANSFER** IS DECLARED THEN CARRY OUT THE FOLLOWING, **YOU WILL NEED TO TRANSFER THIS PATIENT**

CONTINUE CLINICAL CARE

- A** Control the airway
- If not already present, call for a senior Anaesthetist
- Secure ETT
- B** Monitor EtCO₂, aim for 4.5-5.0 kPa
- Monitor SaO₂, aim for 94-98% (PaO₂ 10 – 12 kPa)
- Keep PEEP at 5cmH₂O if possible
- C** Gain 2x IV or IO access
- Measure NIBP every 3 minutes
- Aim MAP: <2yrs 60-65 mmHg
2 – 6 yrs 70-75 mmHg
>6 yrs 80-85 mmHg
- D** Keep sedated as per KIDS drug infusion guide
- Load Levetiracetam 40mg/kg (for TBI) if there is time
- Prepare 3ml/kg of 3% Hypertonic Saline
- E** Keep 30 degree head up
- Keep a normal temperature

PREPARE TO LEAVE FOR

BIRMINGHAM CHILDREN'S HOSPITAL

- Emergency airway equipment
- Draw up sufficient drugs and infusions for length of transfer x2
- Gather sufficient portable oxygen for length of transfer x2
- Send all imaging to BCH via PACS
- Photocopy notes **if there is time**
- Give parents the BCH PICU leaflet
- Carefully restrain the child on the ambulance trolley, maintain spinal precautions



KEEP ASKING, WHAT IS STOPPING US LEAVING?

KEEP THE KIDS CONSULTANT INFORMED

USE THE **KIDS SITREP** TO **UPDATE YOUR TEAM EVERY 15 MINUTES**

- T** "It's been x mins since the child arrived in ED"
- O** "The observations now are..."
- P** Progress towards leaving "What's holding us up?"
- P** "Plan for the next 15 minutes is..."