

Guidelines for the Acute Medical Management of Severe Traumatic Brain Injury in Infants, Children, and Adolescents 2nd Edition

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In: *Pediatr Crit Care Med* 2012 Vol. 13, No. 1 (Suppl.)

Hyperthermia treatment

Page S43: Recommendations based on experimental studies in animal models and clinical studies in adults, in which hyperthermia was correlated with poor outcome.

Recommendations

Level III: Hyperthermia should be avoided in children with severe TBI. (Extrapolated from adult data, because no study of the impact of hyperthermia on outcome after TBI met the inclusion criteria).

Therapeutic hypothermia

Page S42: Therapeutic hypothermia can be used as a neuro-protective measure and for refractory intracranial hypertension.

Recommendations Level II

Moderate Hypothermia (**32-33°C**) beginning within 8 hours after severe TBI for up to 48 hours duration should be considered to **reduce** intracranial hypertension (**ICP**).

Hypothermia (32-33°C) beginning early after severe TBI for only 24 hours should be avoided.

If Hypothermia is induced for any indication, rewarming at a rate of >0.5°C per hour should be avoided.

Recommendation Level III

Moderate hypothermia (**32-33°C**) beginning early after severe TBI for 48 hours duration may be considered.

Threshold for treatment of ICP

Page 18: Management of severe TBI in the pediatric ICU is largely focused on the management of raised ICP and preservation of cerebral perfusion pressure.

Recommendation Level III

Treatment of intracranial pressure may be considered at a threshold of **20 mmHg**.

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