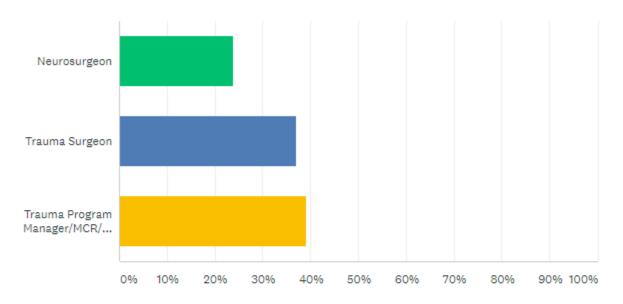
Discussion - Sedation in Head Injury

Jason Heth, MD Mark Hemmila, MD



Please choose your specialty/role?

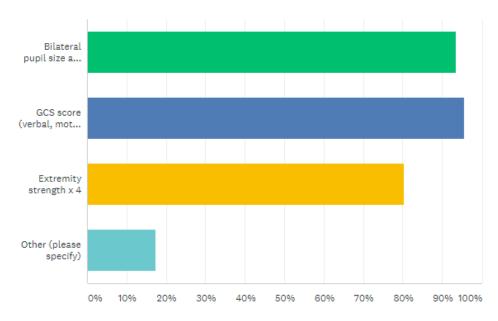
Answered: 46 Skipped: 0



ANSWER CHOICES	•	RESPONSES	•
▼ Neurosurgeon		23.91%	11
▼ Trauma Surgeon		36.96%	17
▼ Trauma Program Manager/MCR/Other		39.13%	18
TOTAL			46

What constitutes an appropriate Q1 hour neurological examination for a TBI patient in your ICU? Please select all that apply.



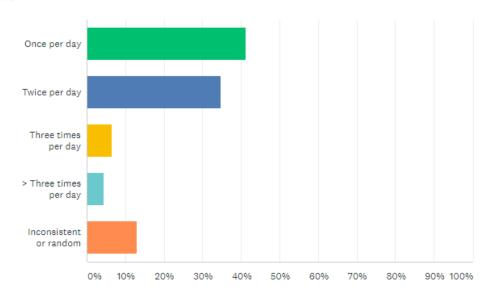


ANSWER CHOICES	•	RESPONSES	•
 Bilateral pupil size and reactivity to light. 		93.48%	43
▼ GCS score (verbal, motor, eye, total)		95.65%	44
▼ Extremity strength x 4		80.43%	37
▼ Other (please specify)	Responses	17.39%	8
Total Respondents: 46			

- Sensation, fine motor
- Arousability
- Change from baseline

For newly admitted (<24 hrs) moderate to severe TBI patient, with a structural lesion that has not been operated on, how often does your neurosurgical team perform a clinical examination?

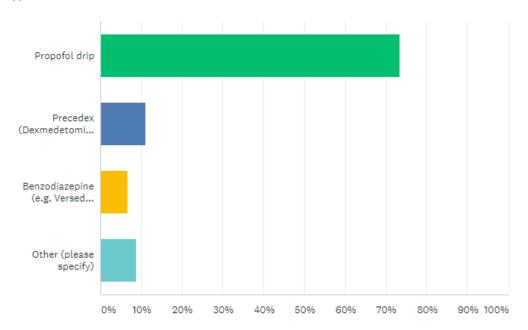




ANSWER CHOICES	▼ RESPONSES	*
▼ Once per day	41.30%	19
▼ Twice per day	34.78%	16
▼ Three times per day	6.52%	3
▼ > Three times per day	4.35%	2
▼ Inconsistent or random	13.04%	6
TOTAL		46

For an intubated TBI patient what is your preferred sedation regimen?

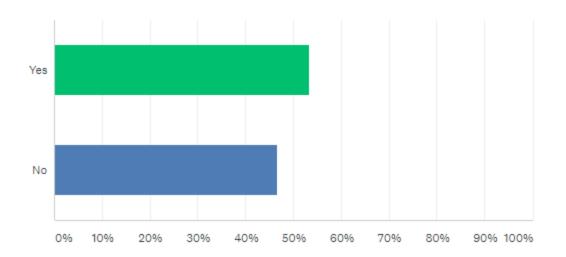




ANSWER CHOICES	RESPONSES	•
▼ Propofol drip	73.33%	33
▼ Precedex (Dexmedetomidine) drip	11.11%	5
▼ Benzodiazepine (e.g. Versed) and opiod (e.g. Fentanyl) drips	6.67%	3
▼ Other (please specify) Responses	8.89%	4
TOTAL		45

Does your ICU actively discourage the use of soft patient restraint devices?

Answered: 45 Skipped: 1



ANSWER CHOICES	RESPONSES	•
▼ Yes	53.33%	24
▼ No	46.67%	21
TOTAL		45