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:

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

Many adults & most peds patients can be manually ventilated successfully

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Take a picture with this Stall Street, showing your agency/location and post it to our Facebook page!
Winning pic gets free ice cream!

Show us your Stall Street!

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

Get it at the **Google Play Store** or the **iPhone Apple Store**

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