

# **Current experiences in the use of the severe head-injury guidelines in Taiwan**

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摘要

## **Abstract**

Background: Head injury is the leading cause of death and disability for patients who experienced a major accident. It has been suggested that a well-planned neurointensive care management can effectively reduce the secondary brain insults. The BTF and the AANS proposed the Guidelines for the Management of Severe Head Injury in 1995. The purpose of this study was to obtain a consensus on whether the guidelines are suitable for treating patients with severe head injury in Taiwan. Methods: Data from patients with severe head injury were collected from 6 different medical centers in Taiwan. The methods for controlling ICP, CPP, and hyperventilation, and the medical treatment with vasopressors and sedatives have been analyzed. Results: Ninety-four patients with severe head injury ( $GCS \leq 8$ ) were included in the study. The male-to-female ratio was 2.9:1. Mean age was  $43.9 \pm 21.8$  years. The GOS score for those patients with ICP higher than 20 mm Hg that resulted in poor outcome was approximately 2.91 times ( $P < .05$ ) higher than that of patients with ICP lower than 20 mm Hg. Conclusions: The most beneficial feature of the guidelines was the close control of ICP with an ICP monitor. Patients who received prophylactic sedatives had a favorable outcome (odds ratio, 2.8; CI, 1.0-7.5). There were no significant statistical differences between patients with and those without application of hyperventilation for maintenance of CPP.