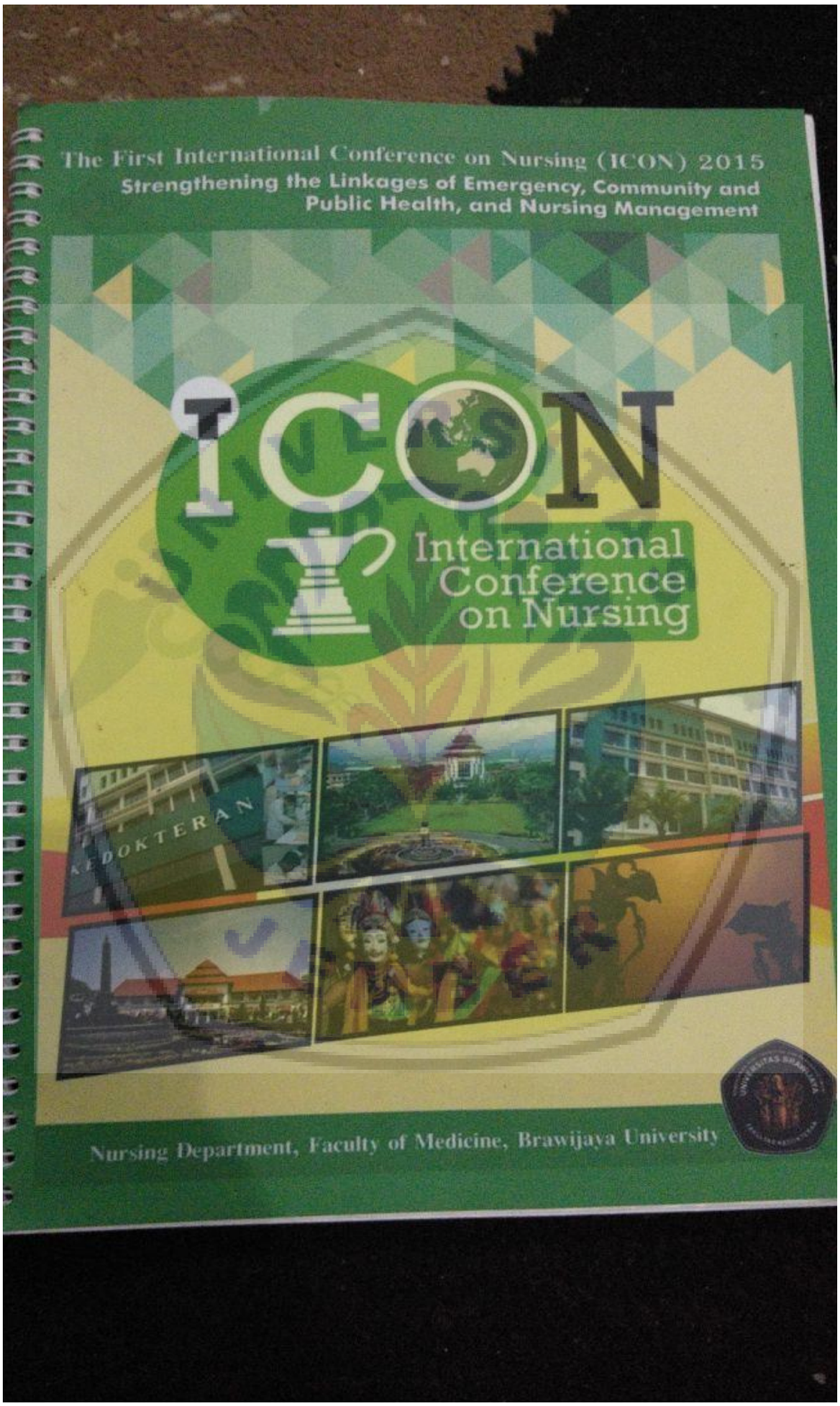

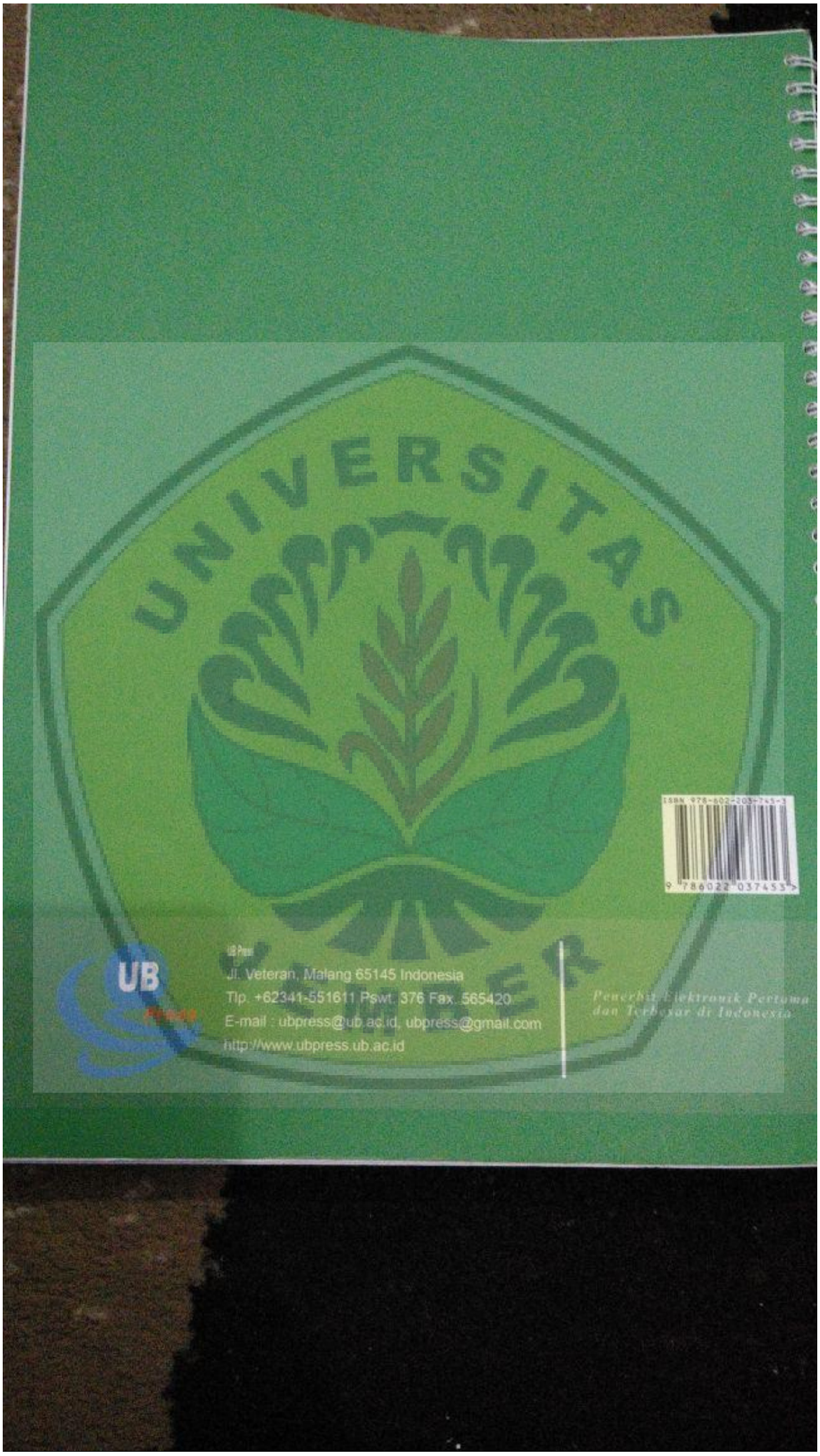

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Abstract no 107

Title : THE LITERATURE REVIEW OF FLUID RESUSCITATION FOR TRAUMATIC BRAIN INJURY

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Background
Traumatic Brain Injury (TBI) is the leading cause of death and disability at age 1 to 45 years, especially in the case of trauma with hemorrhagic shock. The high mortality in TBI is becaused of complex fluid management since TBI cases are accompanied by hypovolemic shock characterized by hypotension. Parenteral fluid therapy in patients with hypotension because of TBI may cause cerebral edema, increased intracranial pressure, neurological dysfunction or secondary trauma. There are several options for fluid resuscitation in patients with TBI but is still debated, both in the form of type (crystalloid or colloid) or tonicity (isotonic or hypertonic).

Objective
The aim of this study was to determine the type and amount of fluid that necessary when TBI is accompanied by hypovolemic shock

Methods
The method used in this study was literature review through collecting and analyzing article related to fluid resuscitation in head trauma. The articles collected with electronic databases retrieved by EBSCO, Proquest and Clinicalkey and usingkeyword appreciative fluid resuscitation and head trauma and TBI. The criteria of the articles were published in the period of 2005-2014.

Results
Hypertonic saline (HS) was an effective fluid therapy to reduce intracranial Pressure (ICP) compared to mannitol, normal saline (NS), colloidal or fresh frozen plasma (FFP). Using 3% HS 300 mL / 20 min with rapid infusion and obsevation at the end of the administration every hour can reduce cerebral blood flow (CBF), ICP, blood pressure, end tidal carbon dioxide and HR. Alternative way to reduce mortality and morbidity is to give HS in daily and quickly. This is the safe way to decreasing complication and makes a better outcom

Discussion
It needs to be developed further research on the effects of HS on ce myelinolysis risk of rebound effect of increasing ICP and metabolic acidosis

Conclusion
HS is more effectif to be used in fluid resuscitation in TBI patients with hypov emic shock compared with other.

Keyword: fluid resuscitation, head trauma, trauma brain injury