#### Adult TIL Advanced with scores to match PED

### **Recommended time for assessment**

	Basic	Intermediate	Advanced
Pre-enrollment Day 1 post-enrollment Daily >once daily Discharge	x x x x	x x x x	× × × × ×

# Intermediate

Corres. to basic			o ond with
level		PED ver Score	sion Max
		Score	score
1	Head elevation for ICP control	1	
1	Nursed flat (180°) for CPP management	1	1
1 2	Sedation (low dose as required for mechanical ventilation) Higher dose sedation for ICP control (not aiming for burst	1	
	suppression)	2	
4	Metabolic suppression for ICP control with high dose barbiturates or propofol	5	
2	Neuromuscular blockade (paralysis)	3	8
2	CSF drainage <120 ml/day (<5 ml/hour) CSF drainage ≥ 120 ml/day (≥ 5 ml/hour)	2	3
2		5	5
	Fluid loading for maintenance of cerebral perfusion	1	
2	Vasopressor therapy required for management of cerebral perfusion	1	2
	Mild hypocapnia for ICP control [PaCO2 4.6–5.3kPa (35-40 mmHg)] Moderate hypocapnia for ICP control [PaCO2 4.0-4.5 kPa (30-35	1	
3 4	mmHg)] Intensive hypocapnia for ICP control (PaCO2 < 4 kPa (30 mmHg)]	2 4	4
2	Hyperosmolar therapy with mannitol up to 2 g/kg/24 hours Hyperosmolar therapy with hypertonic saline up to 0.3 g/kg/24	2	
2	hours	2	
3	Hyperosmolar therapy with mannitol $> 2 \text{ g/kg}/24$ hours	3	
3	Hyperosmolar therapy with hypertonic saline $> 0.3$ g/kg/24 hours	3	6
1	Treatment of fever (temp. >38°C) or spontaneous temp < $34.5^{\circ}$ C		
3	Mild hypothermia for ICP control with a lower limit of 35°C	2	
4	Hypothermia below 35°C	5	5
4	Intracranial operation for progressive mass lesion, not scheduled on admission	4	
4	Decompressive craniectomy	5	9
	Total maximal score:		38
The corre	esponding TIL basic version is determined by the highest level recorde	d in all	1

The corresponding TIL basic version is determined by the highest level recorded in all categories.

## Advanced

Corres. to basic	scores	ond with
level	PED ve Score	rsion Max
	50016	score
1 Head elevation for ICP control	1	
1 Nursed flat (180°) for CPP management	1	1
1 Sedation (low dose as required for mechanical ventilation)	1	
2 Higher dose sedation for ICP control (not aiming for burst		
4 Suppression) 4 Metabolic suppression for ICP control with high dose barbit	2 turates or	
propofol	5	
2 Neuromuscular blockade (paralysis)	3	8
CSF drainage <120 ml/day (<5 ml/hour)	2	
2 CSF drainage $\geq$ 120 ml/day ( $\geq$ 5 ml/hour)	3	3
Fluid loading for maintenance of cerebral perfusion	1	
2 Vasopressor therapy required for management of cerebral	perfusion 1	2
Mild hypocapnia for ICP control [PaCO2 4.6-5.3kPa (35-40		
Moderate hypocapnia for ICP control [PaCO2 4.0-4.5 kPa ( mmHg)]	30-35 2	
<ul> <li>3 mmHg)]</li> <li>4 Intensive hypocapnia for ICP control (PaCO2 &lt; 4 kPa (30 r</li> </ul>		4
2 Hyperosmolar therapy with mannitol up to 2 g/kg/24 hours	s 2	
Hyperosmolar therapy with hypertonic saline up to 0.3 g/k		
2 hours	2	
3 Hyperosmolar therapy with mannitol > $2 \text{ g/kg}/24$ hours	3	
3 Hyperosmolar therapy with hypertonic saline > 0.3 g/kg/2	4 hours 3	6
1 Treatment of fourse (terms > 2000) or enorthnoous terms	24 596	
<ol> <li>Treatment of fever (temp. &gt;38°C) or spontaneous temp &lt;</li> <li>Mild hypothermia for ICP control with a lower limit of 35°C</li> </ol>		
4 Hypothermia below 35°C	5	5
4 Intracranial operation for progressive mass lesion, not sch	eduled on 4	
admission		
4 Decompressive craniectomy	5	9
Total maxir	nal score:	38

The corresponding TIL basic version is determined by the highest level recorded in all categories.

Fluids	Total dose vasopressors	Total dose hyperosmolar agents	
Fluid in:	Noradrenaline: mg	Mannitol:	
Blood and derivates:	Phenylephrine: mg	Hypertonic	
Fluid out:	Dopamine: mg	Saline: g	

## **Reformatted Pediatric Intensity Level of Therapy Score**

Variable	Score	Max possible score
Head elevation for ICP control Nursed flat (180°) for CPP management	1 1	1
Sedation (low dose as required for mechanical ventilation) Higher dose sedation for ICP control (pentobarbital $\leq$ 36 mg/kg) Metabolic suppression for ICP control with high dose sedation	1 3	
(pentobarbital >36 mg/kg) Neuromuscular blockade	4 2	6
Ventricular CSF drainage 0-11 times/24 hours 12-23 times/24 hours ≥ 24 times or continuous Lumbar CSF drainage	1 2 3 3	6
Induced hypertension ( $\geq$ 95 <sup>th</sup> percentile for age)	2	2
Moderate hypocapnia for ICP control (PaCO2 of 32-35 mmHg) Intensive hypocapnia for ICP control (PaCO2 of <32 mmHg)	2 4	4
Hyperosmolar therapy with mannitol ≤ 1 g/kg/24 hours 1.1-2 g/kg/24 hours > 2 g/kg/24 hours Hypertonic saline (any dose or rate, regardless of serum [Na])	1 2 3 3	6
Treatment of fever (temp. of > 38.5°C) or or spontaneous temp of <34.5°C Mild hypothermia for ICP control with a lower limit of 35°C Hypothermia below 35°C	1 2 4	4
Intracranial operation for progressive mass lesion not scheduled on admission Decompressive craniectomy	4 5	9
Maximum possible score	-	38
CSF: Cerebrospinal Fluid * For scoring purposes, 5mg of thiopental = 1mg of pentobarbita		

All scores are recorded once per 24hr period, defined by the time of trauma.

Adapted from: Shore P, Adelson PD, Kochanek PM, Hand L, Roy L. Reliability and validity of the Pediatric Intensity Level of Therapy (PILOT) Scale: A measure of the use of intracranial pressure-directed therapies. Critical Care Medicine. 34(7): 1981-7, 2006.