

Intracranial pressure monitoring no benefit in pediatric TBI

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there was no statistically significant difference in functional survival for monitored and unmonitored patients (odds ratio of poor outcome among those who underwent ICP monitoring, 1.31; 95 percent confidence interval, 0.99 to 1.74). No difference in mortality was seen in a prespecified secondary analysis (odds ratio, 1.16; 95 percent confidence interval, 0.89 to 1.5)

"Intracranial pressure [monitoring](#) is a widely but inconsistently used technology with incompletely demonstrated effectiveness," the authors write.

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(HealthDay)—For children with severe traumatic brain injury, intracranial pressure (ICP) monitoring is not associated with improved functional survival, according to a study published online Aug. 28 in *JAMA Pediatrics*.

Tellen D. Bennett, M.D., from the University of Colorado School of Medicine in Aurora, and colleagues conducted a propensity-weighted effectiveness analysis using two linked national databases with data from 30 children's hospitals. Data were included for 3,084 children with severe TBI.

The researchers found that 32.4 percent of the children underwent ICP monitoring, with considerable variation between hospitals (6 to 50 percent). Overall, 15.7 percent of the children experienced the primary composite outcome of hospital mortality, discharge to hospice, or survival with placement of new tracheostomy and gastrostomy tubes. Using a propensity-weighted logistic regression model clustered by hospital,

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