

Traumatic brain injury prehospital care in the IDF –Expert Committee Conclusions

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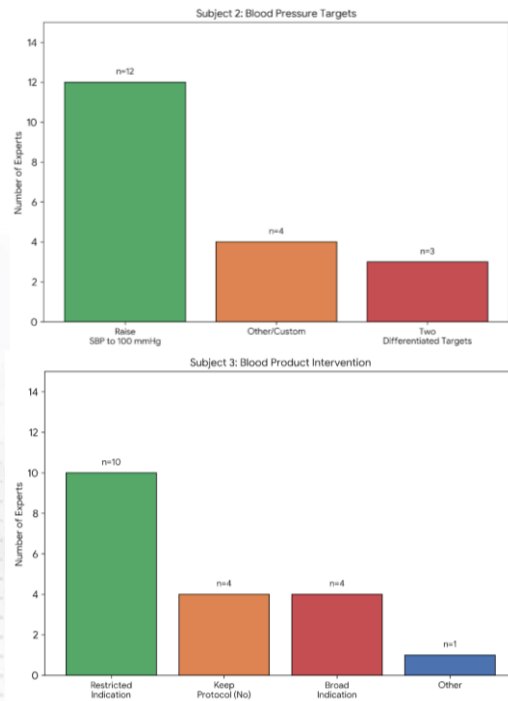
Introduction

Traumatic brain injury (TBI) remains a leading cause of morbidity and mortality. In military settings, penetrating mechanisms are common. Accumulating scientific and operational evidence prompted an expert committee to reassess IDF prehospital TBI care.

Methods

In December 2025, an expert committee was convened. The committee included 19 experts from Israel and the United States, 9 external experts and 10 IDF personnel. Four key issues were addressed: TBI definition and prediction, blood pressure targets, prehospital use of FDP for TBI, and TXA.

A structured questionnaire was distributed following the meeting.



Results

A majority of 12 out of 19 participants (64%) supported raising the SBP threshold to 100 mmHg regardless of their TBI severity.

A majority of participants supported FDP for moderate-to-severe TBI within restricted indications (10/19, 53%) or broader indications (4/19, 21%).

No consensus was reached regarding the operational definition of “suspected TBI”. Military representatives favored a “red-flag” approach, whereas external experts supported adopting the American College of Surgeons definition.

No agreement was reached regarding the use of TXA for TBI.

Conclusions

The committee’s conclusions support expanding FDP indications for TBI in the field and SBP target of 100mmHg.

Refining this indication, and other FDP indications for moderate-to-severe TBI casualties should be the focus of future studies.



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