



SOP for: CEREBROLYSIN®

Application protocol

in patients with moderate and severe TBI

The present protocol is intended to control and document the use of Cerebrolysin® in patients with moderate and severe TBI in the Clinical Department of Trauma Surgery, AKH-WIEN, MUW.

The application is based on the information in the current, relevant literature (primarily the CAPTAIN Study) and information from the manufacturer.

After personal consultation with the management of AKH hospital pharmacy, Magister Martina Anditsch, the preparation is listed and stored in the pharmacy and can therefore be used in clinical operations according to the range of indications.

Cerebrolysin® is a biotechnologically produced peptide preparation with neurotrophic effects in the central nervous system. It is used worldwide to treat ischemic and hemorrhagic stroke, traumatic brain injury (TBI), various forms of dementia (vascular dementia, Alzheimer's disease) and cognitive disorders. Both patients with acute and degenerative neurological diseases benefit from the neuroprotective and neuroregenerative properties of Cerebrolysin®.

The recommended dosage of Cerebrolysin® is 10 to 50 ml daily. Infusions with an infusion duration of 15 minutes are recommended. Smaller amounts of Cerebrolysin® can also be administered without dilution either intramuscularly (up to 5ml) or intravenously (up to 10ml).

Further details at: [www.cerebrolysin.com](http://www.cerebrolysin.com)

Inclusion criteria:

- Patients with moderate and severe craniocerebral trauma  
(Glasgow Coma Scale 7-14), including polytrauma
- Age >18 years
- No epilepsy
- No severe renal impairment (creatinine clearance < 30ml/min)

Administration regime:

Administration should be carried out as follows:

(Start after admission to the shock room, time window up to 9 hours post trauma):

- Treatment cycle 1 (standard): Days 1 to 7: 50ml/day (5 ampoules)
- Treatment cycle 2 (standard): Day 8 to 21: 30ml/day (3 ampoules)
- Treatment cycle 3 (optional): Day 22 to 30: 30ml/day (3 ampoules)

(The treatment cycle chosen depends on the length of the hospital stay and should be chosen so that the longest possible treatment period can be guaranteed)

Optimal application (shock room, intensive care unit, normal unit):

— via motorized syringe

Alternative application: (shock room, intensive care unit, normal unit):

— via short infusion 0.9% NaCl 100ml

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