

DIVISION OF EMERGENCY MEDICINE
INTRACEREBRAL HAEMORRHAGE
MANAGEMENT

T Hospital Code: _____

MRN
 Surname
 Given Names
 Date of Birth
 Sex
 Please affix Patient Identification Label Here

T Presentation Date / /

T Presentation Time :

<p>COAGULATION PROBLEM</p>	<p><i>If Abnormal coagulation screen</i></p> <ul style="list-style-type: none"> Consider FFP and /or vitamin K if PT or aPTT \geq 1.3 x control values <hr/> <p><i>If Warfarin therapy</i></p> <ul style="list-style-type: none"> Cease warfarin Consider FFP and /or vitamin K if INR \geq 1.3 <hr/> <p><i>If Antiplatelet therapy</i></p> <ul style="list-style-type: none"> Cease antiplatelet therapy
<p>BLOOD PRESSURE MANAGEMENT</p>	<p><i>If Systolic <180 Diastolic <110</i></p> <ul style="list-style-type: none"> No BP lowering Monitor BP half hourly <hr/> <p><i>If Systolic \geq 180 Diastolic \geq 110 on 2 separate recordings 5 minutes apart</i></p> <p>Institute parenteral BP lowering - options</p> <ul style="list-style-type: none"> Hydralazine 5 - 10mg ivi Q 4 hour <p><u>OR</u></p> <ul style="list-style-type: none"> Clonidine 50 - 75 ug ivi over 5 minutes
<p>NEUROSURGICAL MANAGEMENT</p>	<p><i>Neurosurgical advice should be sought in all patients</i></p> <p><i>Immediate neurosurgical referral</i> with a view to urgent evacuation needed for -</p> <ul style="list-style-type: none"> cerebellar haematoma \geq 3cm diameter or cerebellar haematoma with features of brain stem compression or acute hydrocephalus (see high risk pathways) <p><i>Urgent neurosurgical referral</i> also needed for -</p> <ul style="list-style-type: none"> hemispheric haematomas with deteriorating conscious level, particularly if young haematomas considered to be possibly associated with aneurysm or AVM <p><i>Non-surgical management</i> generally more appropriate for</p> <ul style="list-style-type: none"> patients with GCS \leq 4 (except for cerebellar haematomas) patients with small hemispheric haematomas of \leq 10cm diameter or with mild stroke syndromes - SSS $>$ 40 frail elderly patients

Management Plan

Medical Officer Signature: _____
 (Please Print)
Designation: _____
Name: _____

This tool is intended as a guideline for clinicians to provide quality patient care. It is not intended, nor should it replace, individual clinical judgement

