ICH Identified on Imaging

- Maintain A, B, C’s
- Consult Neurosurgery (123-2642)
- Request NSICU Bed in T-System
- Monitor Neurologic Status Closely for Decline

ED ICH Management

- Maintain SBP < 180 & MAP < 130
  - If SBP > 200mmHg or MAP > 150mmHG:
    - Nicardipine IV infusion (initial rate: 5mg/hr; increase by 2.5mg every 15 min to a maximum dose of 15mg/hr)
    - Monitor BP q 5 minutes
  - If SBP 180-200mmHg or MAP 130-150mmHG:
    - IV Antihypertensive (Intermittent Bolus):
      - Labetalol 10mg IV q 1 hour PRN (hold HR < 60)
      - Hydralazine 10mg IV q 1 hour PRN
    - Continuous Infusion:
      - Nicardipine IV infusion (initial rate: 5mg/hr; increase by 2.5mg every 15 min to a maximum dose of 15mg/hr)
      - Monitor BP q 5 minutes

Identify Need for Anticoagulation Reversal

- Patient on Anti-platelet?
- Patient on Anticoagulant?

Yes
- Initiate Anticoagulation Reversal
  - Anticoagulant Reversal
    - FFP
    - Vitamin K
    - Prothrombin Complex Concentrate (PCC) (Vitamin K/PCC preferred for warfarin-associated ICH)
  - Oral (non-warfarin) anticoagulants: Stat hematology consult
  - Antiplatelet Reversal
    - Platelets

No

ICP Management

- Maintain HOB 30° (unless contraindicated)
- Maintain temp < 38°
- For patients with s/sx of increased ICP:
  - Initiate Mannitol Bolus 1G/Kg (contraindicated in renal failure)
  - STAT Non-Contrast Head CT to evaluate hematoma expansion

Witnessed Seizure Management

Medication Options:
- Lorazepam 2-4mg IV
- Phenytoin 20mg/kg IV
- Fosphenytoin 20 mg PE/Kg IV
- Keppra 1g IV

Maintain Normoglycemia

- Accu-Checks q 6 hours
- Goal: Blood glucose 80-140mg/dL

Medication Options:
- Sliding Scale Insulin
- IV Insulin Infusion (increase accucheck frequency to q 1 hour)

Is patient a candidate for emergent surgical intervention?

Yes
- Transfer to OR

No
- Transfer to Inpatient Bed

Transfer to OR

Disposition