UNC ED Hemorrhagic Stroke Pathway

Hemorrhage Identified on Imaging

UNC Transfer Center 1-800-806-1968

ED ICH Management

- Maintain A, B, C's
- Monitor Neurologic Status Closely for Decline
- For UNCMC: Consult Neurosurgery (123-2642) & Place ICU Admit Decision in EPIC
- For UNC-HC: Notify NEU or SRN (transfer center)

Maintain SBP < 160 & MAP <130

If SBP >200mmHg

- 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 160-200mmHg:

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
- **UNC-HC:** If BP elevated, start nicardipine IV infusion as above

Identify Need for Anticoagulation Reversal

- Patient on Anticoagulant?

YES

Initiate Anticoagulation Reversal

Available:

https://www.med.unc.edu/emergmed/files/emergent-anticoagulation-reversal-guideline-unc-healthcare

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)
- 3% Hypertonic Saline 250mL IV
- STAT Non-Contrast Head CT to evaluate hematoma expansion

Witnessed Seizure Management

Medication Options:

- Lorazepam 2-4mg IV
- Keppra 20mg/kg IV
- Phenytoin 20mg/kg IV
- Fosphenytoin 20 mg PE/Kg IV

Maintain Normoglycemia

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

Medication Options:

- Sliding Scale Insulin
- IV Insulin Infusion (increase accu-check frequency to q 1 hour)

Disposition

Is patient a candidate for emergent surgical intervention?

YES

UNCMC: Transfer to OR
UNC-HC: Transfer to UNCMC
'When Minutes Matter Protocol'

NO

UNCMC: Transfer to Inpatient Bed
UNC-HC: Transfer to UNCMC