SRFT guidance for referral of acute ICH patients to Neurosurgery/Critical Care

1 If premorbid mRS ≥ 3 - unlikely to be candidate for surgery

Description of premorbid disability—modified Rankin Scale (mRS)	Score
No symptoms at all	**0**
No significant disability despite symptoms; able to carry out all usual duties and activities	**1**
Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance	**2**
Moderate disability; requiring some help, but able to walk without assistance	**3**
Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance	**4**
Severe disability; bedridden, incontinent and requiring constant nursing care and attention	**5**

2 For patients with Glasgow Coma Scale score < 9:

1. **Stabilise patient** (airway, breathing, circulation), seek help from senior ED staff, if required
2. **Discuss with Neurosurgeon on-call** and decide if patient is for active treatment
3. **Refer to ICU** if it is agreed that patient is for active treatment after discussion with senior neurosurgeon on-call
4. **Consider palliative care / organ donation** if patient is not for active treatment

Neurosurgery on-call
Pager 07623 500478

ICU specialist trainee
68751

NHDU specialist
trainee 68756

3 For patients with Glasgow Coma Scale score 9 to 15:

Refer to Neurosurgery if any of the following criteria are met:

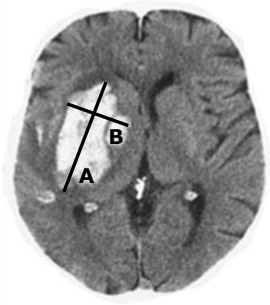
i. **Posterior fossa ICH** (brainstem or cerebellum)

ii. **Obstruction of the third and/or fourth ventricle** by intraventricular haemorrhage or by external compression

iii. **ICH volume greater than 30 ml**, as measured by ABC/2 method

Shared care on Neuro HDU (NHDU) *may* be appropriate for these patients — discuss with Neurosurgery and NHDU team on a case-by-case basis

ABC/2 volume measurement



A = longest axis (cm)

B = longest axis perpendicular to A (cm)

C = number of slices showing haematoma x slice thickness (cm)

ICH volume (ml) = (A x B x C)/2

4 For patients having seizures not controlled by first line drugs

1. Initiate further treatment without delay using standard protocols for status epilepticus, if appropriate
2. Discuss case with ICU/NHDU and consider transfer to critical care for further management

Version 1.0, 28/06/2016, Created by Adrian Parry-Jones, Consultant Neurologist.