

## 1 If premorbid mRS $\geq 3$ - 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 transfer to neurosurgery

Neurosurgery registrar  
on-call via SRFT switch-  
board 01617897373

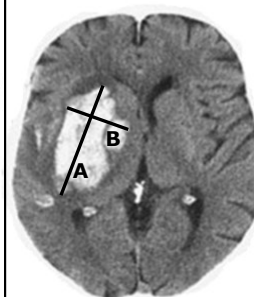
On call anaesthetist  
0187

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

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

- Posterior fossa ICH** (brainstem or cerebellum)
- Obstruction of the third and/or fourth ventricle** by intraventricular haemorrhage or by external compression
- ICH volume greater than 30 ml**, as measured by ABC/2 method

### 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)

$$\text{ICH volume (ml)} = (A \times B \times C)/2$$

## 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/HDU and consider transfer to critical care for further management

## 5 For patients presenting outside HASU

Most cases presenting to another hospital but meeting the following criteria should be transferred to a HASU:

1. Onset <48hrs ago
2. For ongoing monitoring/active treatment
3. No 'high risk' features

### 'High Risk' features

GCS  $\leq 8$ , airway/respiratory compromise, GCS fallen by  $\geq 2$  in the last hour, post fossa ICH with brainstem signs, uncontrolled seizures