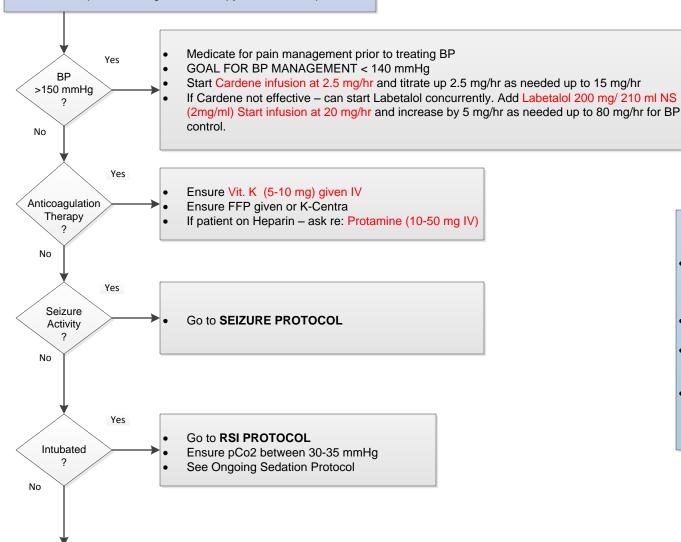
SPONTANEOUS INTRACEREBRAL HEMORRHAGE (ICH)

- Have two IV's (if running medication infusions)
- HOB elevated at least 30 degrees
- Keep O2 sat >94%
- CT confirmed ICH
- · Assess airway control and management
- Ask about prior anticoagulation therapy, check INR & platelets



KEY POINTS

- Call Sending facility to find out if underlying anticoagulant therapy contributing to bleeding. Then can ask to start with reversal therapy.
- Plavix or Brilinta consider platelet infusion
- Xarelto or Rivoroxaban or other factor 10 inhitors – K-Centra (prefered) or FFP and Vit K.
- If the patient is on Nipride and the BP is very labile, start Cardene and titrate Nipride off and increase Cardene as directed.

- Ongoing Neuro Assesment
- Document initial and final neuro assessment
- If signs of increased ICP (Increased BP, bradycardia, ipsilateral pupils) call receiving neurosurgeon for orders
- If unable to get ahold of neurosurgeon in timely fashion, give Mannitol 1 gram /kg