



PATIENT PRESENTING WITH NON-TRAUMATIC ACUTE INTRACEREBRAL HEMORRHAGIC STROKE

Patients identified as having non-traumatic acute intracerebral hemorrhagic (ICH) are at risk for early neurological deterioration and have a high rate of poor long-term outcomes. Early identification and management to reduce hematoma expansion is critical.

This protocol is intended to provide basic recommendations for transfer protocols.

Assessment and Transfer Protocol Guidelines

1. Initiate Hospital Transfer protocol ASAP to avoid unnecessary delays.
2. Contact ED of receiving facility and ask for ED physician or Neurologist on-call
3. Provide the following details when communicating with receiving facility:
 - Symptom onset time or last seen normal in as much detail as possible
 - NIHSS Score
 - Anticoagulant Use and Reversal Agent Used
 - BP, glucose, and pertinent lab work
 - EKG results
4. Keep NPO
5. Follow BP parameters as directed by Receiving Facility
6. Fax documents to receiving facility
 - NIHSS form
 - ICH Score
 - Labs when available
 - EKG
7. Send or Load CT results
8. Complete Acute Stroke Assessment and Transfer Documentation Form and send with Patient or fax.

Intracerebral Hemorrhage Score

Purpose: To help with lead discussion with family regarding goals of further care and treatment

Glasgow Coma Scale

GCS 3 - 4:	2 points
GCS 5 - 12:	1 point
GCS 13 - 15:	0 points

Intracerebral hematoma (ICH) volume

ICH $\geq 30\text{cm}^3$:	1 point
ICH $< 30\text{cm}^3$:	0 points

Intraventricular hemorrhage

Yes:	1 point
No:	0 points

Infratentorial origin of ICH

Yes:	1 point
No:	0 points

Age

≥ 80 years:	1 point
< 80 years:	0 points

Interpretation

30-day mortality increases as the (summed) ICH score increases:

- ICH Score 0: no mortality
- ICH Score 1: 13%
- ICH Score 2: 26%
- ICH Score 3: 72%
- ICH Score 4: 97%
- ICH Score 5: 100%
- ICH Score 6: 100% (estimated)

References

Hemphill III J. , Bonovich, Besmertis, Manley, & Johnston (2001) The ICH Score A simple Reliable Grading Scale for Intracerebral Hemorrhage. Stroke. 2001;32:891-897.