Delivering safe stroke care at hospitals without acute stroke units during the COVID-19 pandemic

Appendix 11: Key points for the management of haemorrhagic stroke

ICH will be confirmed by the CT scan, and patients should be discussed with the remote stroke physician, who will advise on management and any onward referral to neurosurgery.

Key points for the management of ICH (www.nice.org.uk/guidance/ng128/chapter/Recommendations) include:

1. Reversal of anticoagulation treatment
   1.2 Return clotting levels to normal as soon as possible in people with a primary ICH who were receiving warfarin before their stroke (and have elevated INR). Do this by reversing the effects of the warfarin using a combination of prothrombin complex concentrate and intravenous vitamin K.

2. BP control
   2.2 *Offer* rapid BP lowering to people with acute ICH who do not have any of the exclusions in 2.4 below and who:
   - present within 6 hours of symptom onset

   and
   - have SBP between 150 and 220 mmHg.

   Aim for SBP target of 130–140 mmHg within 1 hour of starting treatment and maintain this blood pressure for at least 7 days.

   2.3 *Consider* rapid BP lowering for people with acute ICH who do not have any of the exclusions listed in 2.4 below and who:
   - present beyond 6 hours of symptom onset

   or
   - have SBP >220 mmHg.

   Aim for SBP target of 130–140 mmHg within 1 hour of starting treatment and maintain this blood pressure for at least 7 days.

   2.4 Do ***not*** offer BP lowering to people who:
   - have an underlying structural cause (for example, tumour, arteriovenous malformation or aneurysm)
   - have a score on the Glasgow Coma Scale <6
   - are going to have early neurosurgery to evacuate the haematoma
   - have a massive haematoma with poor expected prognosis.

3. Referral for neurosurgery
   3.1 The remote stroke physician will advise on the need for neurosurgery referral.