Approach to Subarachnoid Hemorrhage
5/20/2018

**History:**
- What were you doing when the headache started? Trying to determine if sudden and severe onset.
- Do you normally have headaches, and if so, is this different?
- What did the headache start? CT sensitivity decreases after 6 hours.
- Ask about: photophobia, phonophobia, vision changes, nausea, neck stiffness, hx of aneurysm

**Exam:** Full neuro exam (CN, cerebellar, cognitive function, motor, sensory, walk the patient)

**Imaging:** Non-contrast CT

**Lumbar puncture:** looking for RBCs >100 in tube 4 or xanthochromia

**Treatment:** focused on preventing 4 complications
- **Re-bleeding:** keep systolic BP <140 with nicardipine and reverse blood thinners
- **Vasospasm:** give oral nimodipine
- **Delayed ischemia:** control body temperature and blood sugar
- **Seizure:** controversial topic, generally use anticonvulsant (levetiracetam) if traumatic SAH as opposed to spontaneous SAH. Discuss with neurosurgeon as preferences differ.

**Quick fact:**
- Consider using the Ottawa SAH rule (on MDCalc)