

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)