

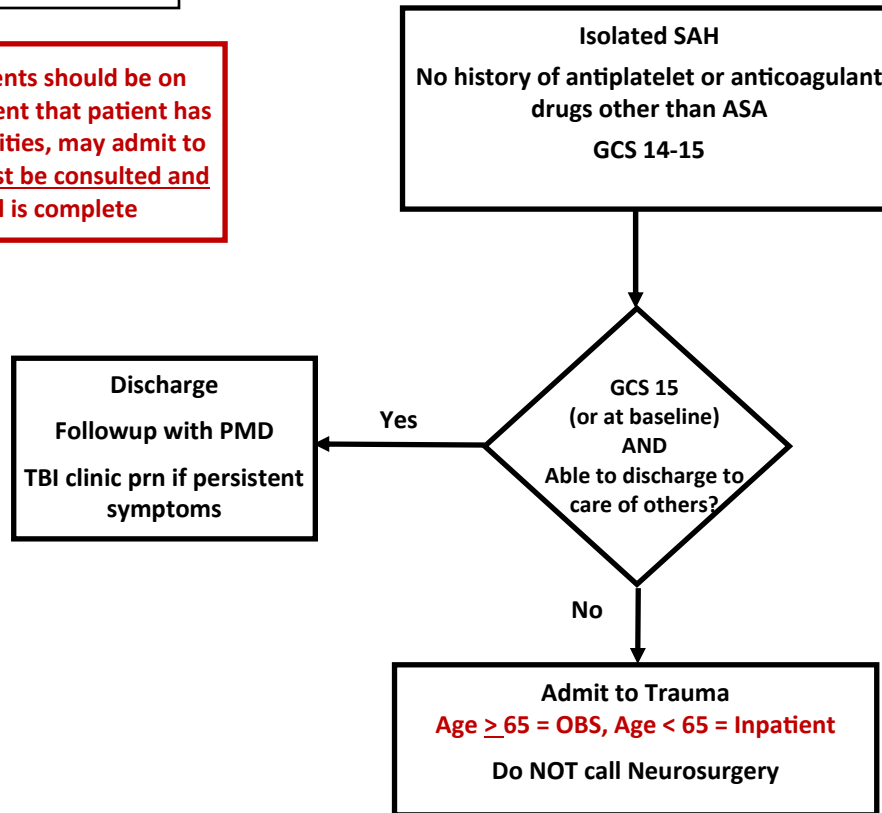
Clinical Practice Guideline

Isolated Subarachnoid Hemorrhage

Definitions:

- SAH must not involve the basal cisterns or sylvian fissures (no suspicion of aneurysm)
- Patients with suspicion for aneurysm must have neurosurgery consult

NOTE: All admitted patients should be on Trauma Service. In rare event that patient has multiple/severe comorbidities, may admit to Medicine BUT Trauma must be consulted and follow until protocol is complete



	Orders
Vital signs	Telemetry q2° x 12°, then routine
Neuro/pupil checks	q2° x 12°, then routine
Diet	Regular
Lab	None
Activity	Up ad lib
Repeat imaging	None
TBI screen	Nursing (skull fx) or PT / OT / speech (blood present)
Thresholds	Call MD for SBP>150, P<60, or any decrease in GCS or change in mental status
Discharge criteria	Stable/improving mental sta- tus x 16°, screens passed, pain controlled
Followup	TBI clinic if positive TBI screen Neurology if seizure occurred due to TBI PMD recommended in all pa- tients Neurology/neurosurgery if new or recurrent sx occur