

Acute Stroke Intracerebral Hemorrhage (ICH) Workflow

Initiate once new ICH confirmed on Non-Contrast CT or MRI



Initial Stabilization

ABCs
Cardiac Monitoring
Stat Labs
2 Large IVs
Elevate HOB to 30 degrees

Consult Stroke Team

Notify:

- Code RN if not already done
- Neurosurgery
- NIR
- ACCU (if appropriate for admission)

SBP Goal 100-140

For SBP 141-220

- Labetalol IVP x 1-2 doses
- Nicardipine drip titrated to < 140

For SBP >220

- Aggressive IV Titration of Nicardipine
- Consider arterial line



Reverse Anticoagulation

DOACs

- PCC (Balfaxar or KCentra), Praxbind for Dabigatran

Heparin

- Protamine

Warfarin

- PCC (Balfaxar or KCentra)+ Vit K

Tranexamic Acid (TXA)

Aspirin

- Platelets



Neurosurgery/NIR Consult

Surgical Intervention Needed?
EVD/Drain Needed?
Additional Consideration

Manage ICP/Edema

Correction of hyper/hypoglycemia
Temperature correction/control
6-24 hour stability CT scans