

UHS RSCH ICU Neurosurgical Prompt Cards

Care of a patient with aneurysmal subarachnoid haemorrhage (SAH)

- Ensure bed rest – do not sit patient out until agreed with ICU medical team & neurosurgeons
- Ensure adequate analgesia & anti-emetics
- Confirm blood pressure/MAP parameters with ICU medical team & neurosurgeons
- **AVOID SWINGS IN BLOOD PRESSURE**
- Administer Nimodipine orally, as scripted. IV may be given in some circumstances
- Maintain euvoemia
- Observations: GCS, pupils, pronator drift – *observations at least hourly in first 24/48hrs*
- **Any neurological deterioration MUST be reported to nurse in charge, ICU medical team & neurosurgeons – causes include rebleed, hydrocephalus, seizures, infection or delayed cerebral ischaemia (DCI). DCI may occur up to 21 days post SAH, but greatest risk is days 4-10.**
- Monitor electrolytes: maintain normal Na⁺ and Mg⁺ >1
- **If urine output >200mls/hr for 3 consecutive hours, send urine & serum osmolarities and urinary sodium samples**
- Ensure aperients scripted to prevent constipation and straining at stool.