

AHA/ASA Guideline

Guidelines for the Management of Aneurysmal Subarachnoid Hemorrhage

A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association

The American Academy of Neurology affirms the value of this statement as an educational tool for neurologists.

Endorsed by the American Association of Neurological Surgeons and Congress of Neurological Surgeons; and by the Society of NeuroInterventional Surgery

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Fever treatment

Page 1726/1727: Fever is the most common medical complication in aneurysmal Subarachnoid Hemorrhage (aSAH). [309] The presence of fever of noninfectious (central) origin has been associated with severity of injury, amount of hemorrhage, and development of vasospasm, and it may represent a marker of a systemic inflammatory state triggered by blood and its byproducts. [310–312]

Analysis of data from a prospectively collected registry of aSAH indicated that fever was independently associated with worse cognitive outcome in survivors of aSAH. [313,314]

Improved functional outcome with effective control of fever has been reported. [315]

Recommendations

Class IIa; Level of Evidence B. (New recommendation)

Page 1727: Aggressive control of fever to a target of **normothermia** by use of standard or advanced temperature modulating systems is reasonable in the acute phase of aSAH.

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