

AHA/ASA Guideline

Guidelines for the Management of Spontaneous Intracerebral Hemorrhage A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association

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

Endorsed by the American Association of Neurological Surgeons, the Congress of Neurological Surgeons, and the Neurocritical Care Society

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Normothermia treatment

Page 2041: Fever is common after ICH, especially in patients with intraventricular hemorrhage. In patients surviving the first 72 hours after hospital admission, the duration of fever is related to outcome and appears to be an independent prognostic factor in these patients. [152] Fever may also be associated with hematoma growth, although a cause-effect relationship is unclear. [153]

Although these data provide a rationale for treatment of fever in ICH patients, maintenance of normothermia has not been clearly demonstrated as beneficial to outcome. [149,154]

Recommendations

Class IIb; Level of Evidence C: Treatment of fever after ICH may be reasonable (New recommendation).

Therapeutic hypothermia

Page 2041: Preliminary animal and human studies have suggested that therapeutic cooling may reduce peri-hematoma edema. [155,156] However, treatment with mild hypothermia should be considered investigational in ICH at this time. [157]

Treatment of intracranial hypertension (elevated ICP)

Page 2043: Methods of treating elevated ICP are generally borrowed from traumatic brain injury guidelines Salvage therapies might include barbiturate coma or mild hypothermia.

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