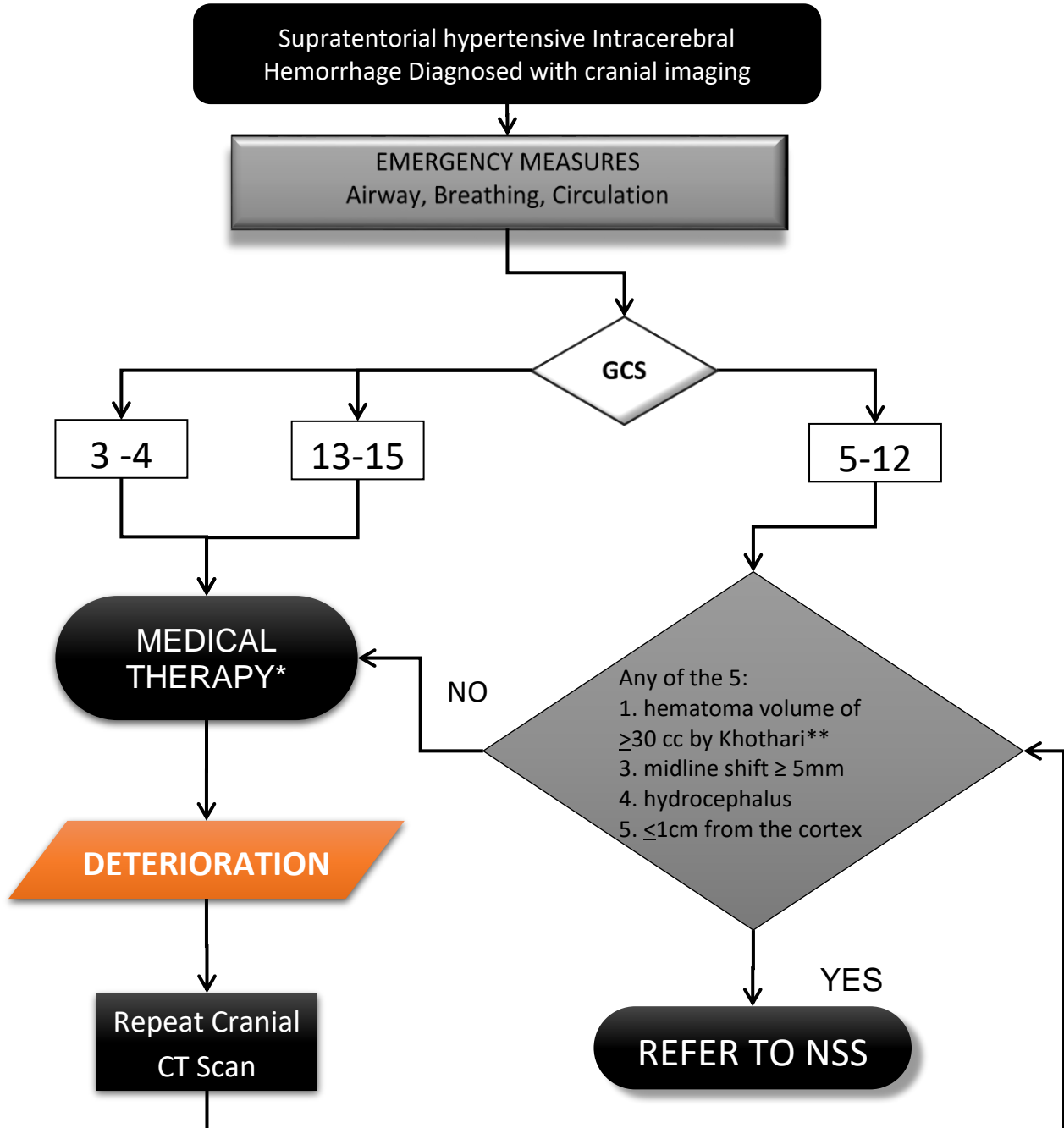
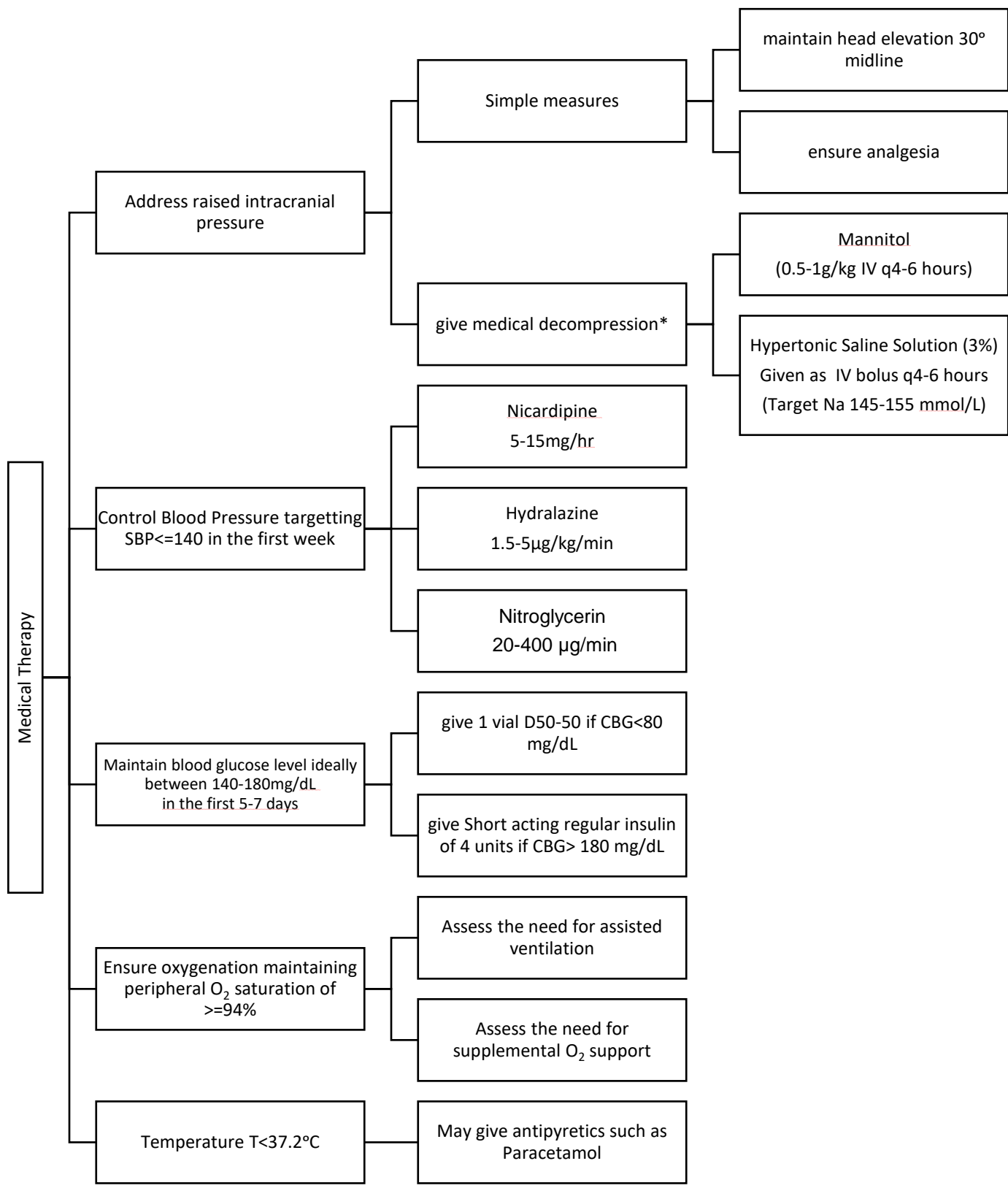


CLINICAL PATHWAY FOR SUPRATENTORIAL HYPERTENSIVE INTRACEREBRAL HEMORRHAGE





Medical Therapy

Address raised intracranial pressure

Simple measures

maintain head elevation 30° midline

ensure analgesia

give medical decompression*

Mannitol (0.5-1g/kg IV q4-6 hours)

Hypertonic Saline Solution (3%) Given as IV bolus q4-6 hours (Target Na 145-155 mmol/L)

Control Blood Pressure targetting SBP <= 140 in the first week

Nicardipine 5-15mg/hr

Hydralazine 1.5-5µg/kg/min

Nitroglycerin 20-400 µg/min

Maintain blood glucose level ideally between 140-180mg/dL in the first 5-7 days

give 1 vial D50-50 if CBG < 80 mg/dL

give Short acting regular insulin of 4 units if CBG > 180 mg/dL

Ensure oxygenation maintaining peripheral O₂ saturation of >=94%

Assess the need for assisted ventilation

Assess the need for supplemental O₂ support

Temperature T < 37.2°C

May give antipyretics such as Paracetamol