

# Emergency Management of ICH

**Samuel Goldman, MD, MPH**

Assistant Professor of Emergency Medicine, Clinician Educator

The Warren Alpert Medical School of Brown University

Attending Physician, Brown Emergency Medicine

Rhode Island Hospital

Providence, RI



# Financial Relationship Disclosure(s)

**Samuel Goldman, MD, MPH**

- Nothing to disclose



**R**hode Island Stroke Symposium

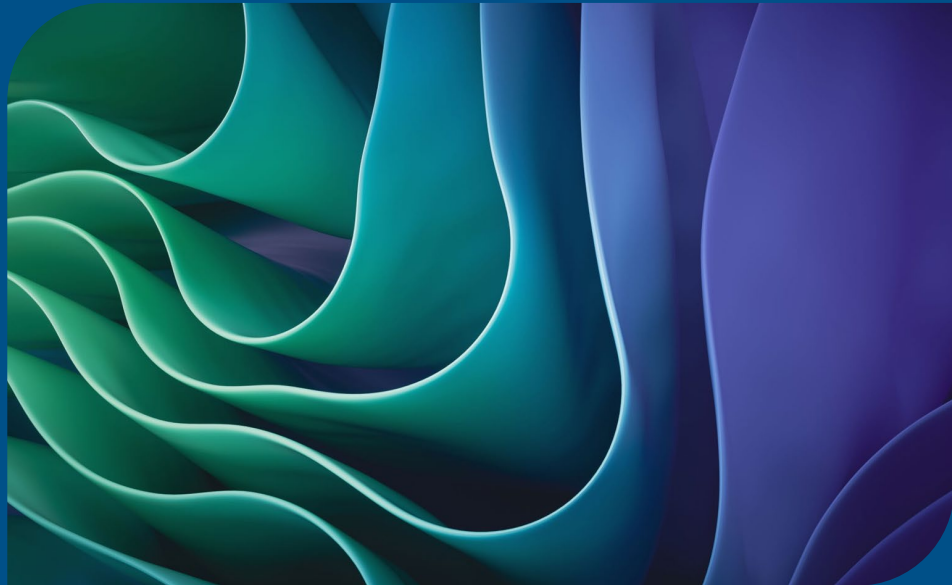
# Emergency Management of ICH

2025 Rhode Island Stroke Symposium

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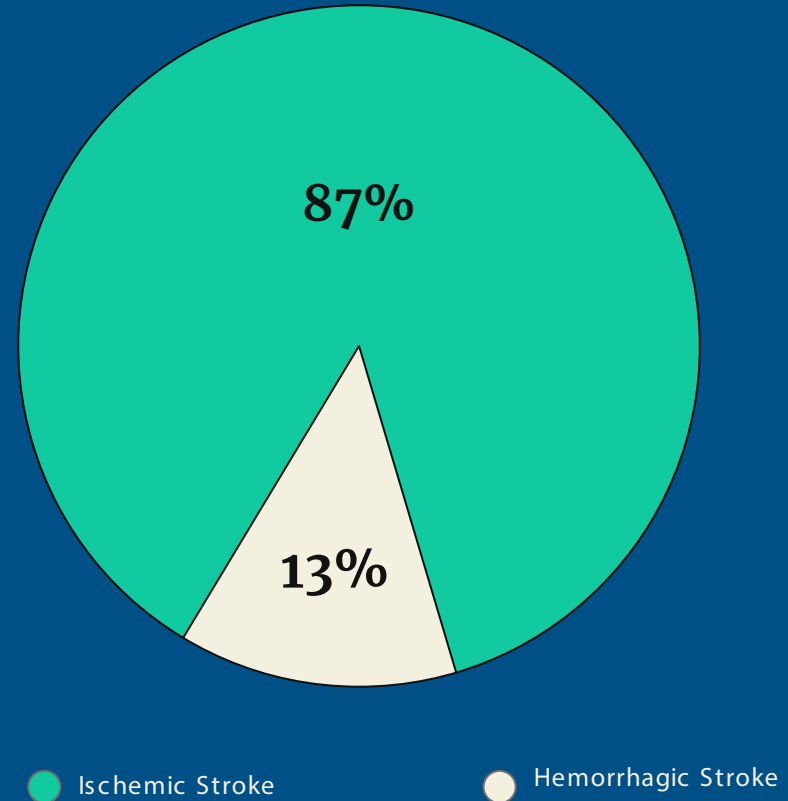
**Sam Goldman, MD MPH**

Co- Director Brown Health Stroke Centers  
Attending Physician, Brown Emergency  
Medicine



# Intracerebral Hemorrhage (ICH)

- Less common, more severe
- Historical clues
- Risk Factors



**Preparing the “room”**

**Initial evaluation**

**Acute interventions\***

# Preparing the “room”

## Initial evaluation

## Acute interventions

# What information is available to us?

- What teams are aware
- Diagnostics
- Baseline neuro exam/Deterioration
- Pre- hospital interventions
- Clinical condition/recent vitals
- Co- morbidities/other active clinical concerns
- Social factors

# What resources do we need?

- Assign roles
- Supplies for: IV access, monitor, airways, suction
- Medications pulled and ready

Preparing the “room”

**Initial evaluation**

Acute interventions



# First steps:

- ABCs
- IV Access
- O2 if indicated
- Neurologic Exam
- Imaging - CT vs CTA
- Labs

Preparing the “room”

Initial evaluation

**Acute interventions**

# Acute interventions

- Blood Pressure Management



# Blood Pressure

- ATACH I and II
- INTERACT I and II
- AHA/ASA: SBP <140/80
- Avoid Hypotension
- Labetalol/Nicardipine
- Consider invasive BP monitoring

# Acute interventions

- Osmotic Agents

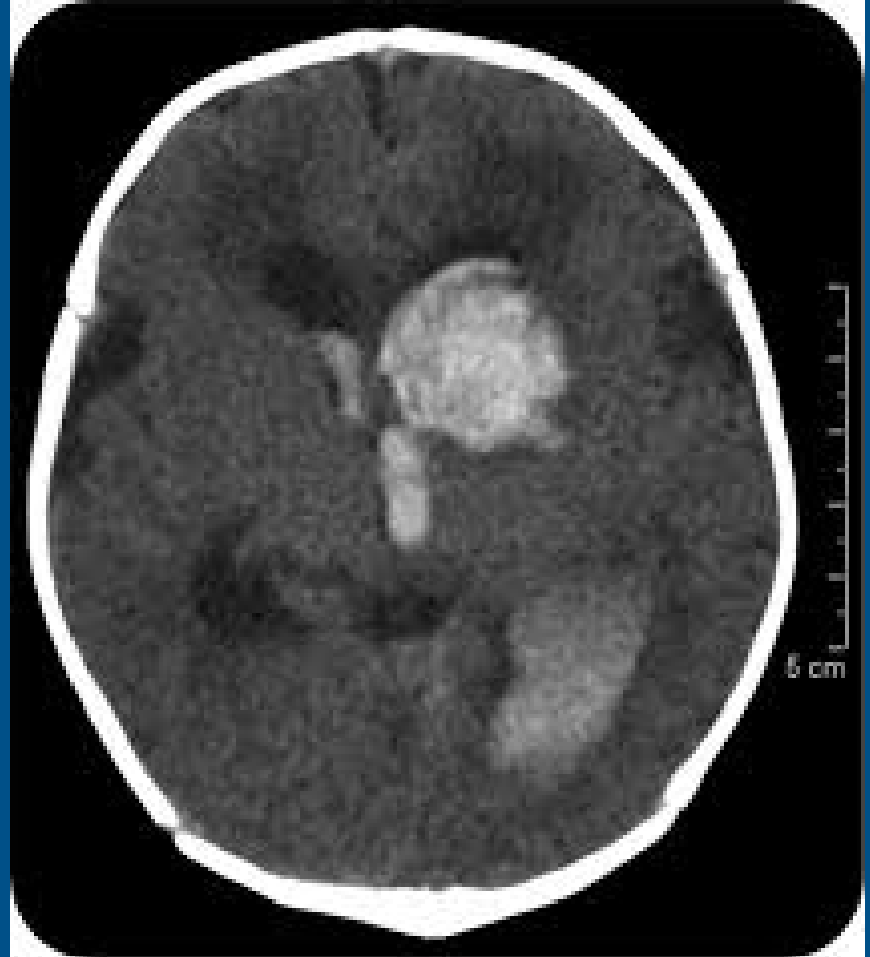


# Hyperosmolar Therapy

- Hypertonic saline and Mannitol
- Prophylactic use not recommended
- Give if signs of ICP elevation

# Acute interventions

- Anticoagulation Reversal



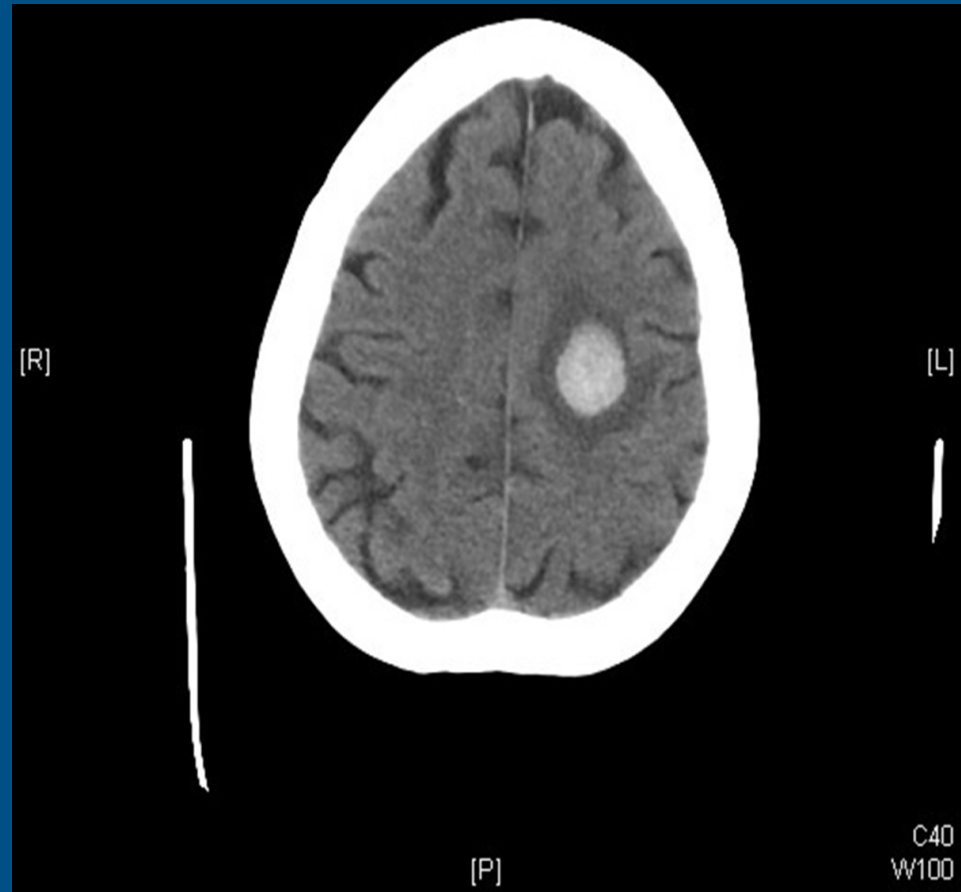
# Reversal

- Institutional Guidelines are helpful
- Agent specific
- PCC > FFP
- Anti-platelets? PATCH Trial



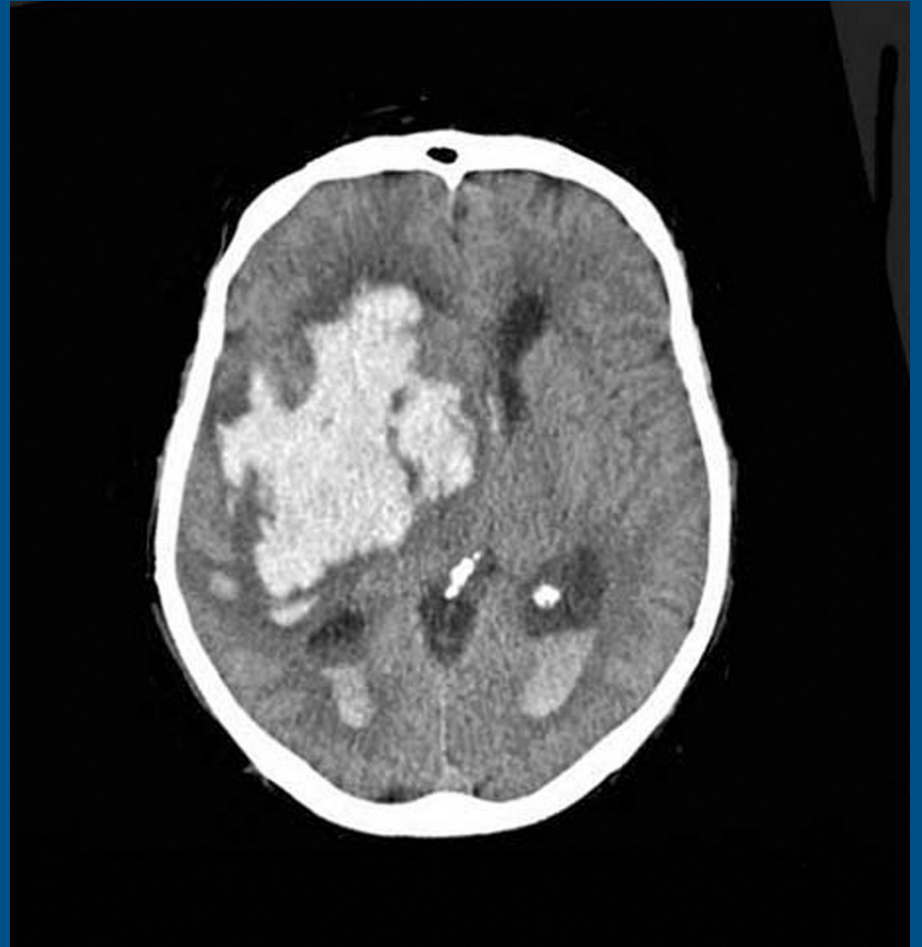
# Acute interventions

- Seizure Management



# Acute interventions

- Additional  
Fundamentals



# Reversal

- Elevate HOB 30 degrees
- Analgesia/Sedation
- Normothermia
- Euglycemia
- Avoid Hyponatremia
- Avoid Hypotonics
- Hyperventilate

# Summary

- Believe!
- “Golden Hour”
- Blood Pressure
- Reversal
- Seizure management
- Lower ICP
- Do the basics



Thank you!

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