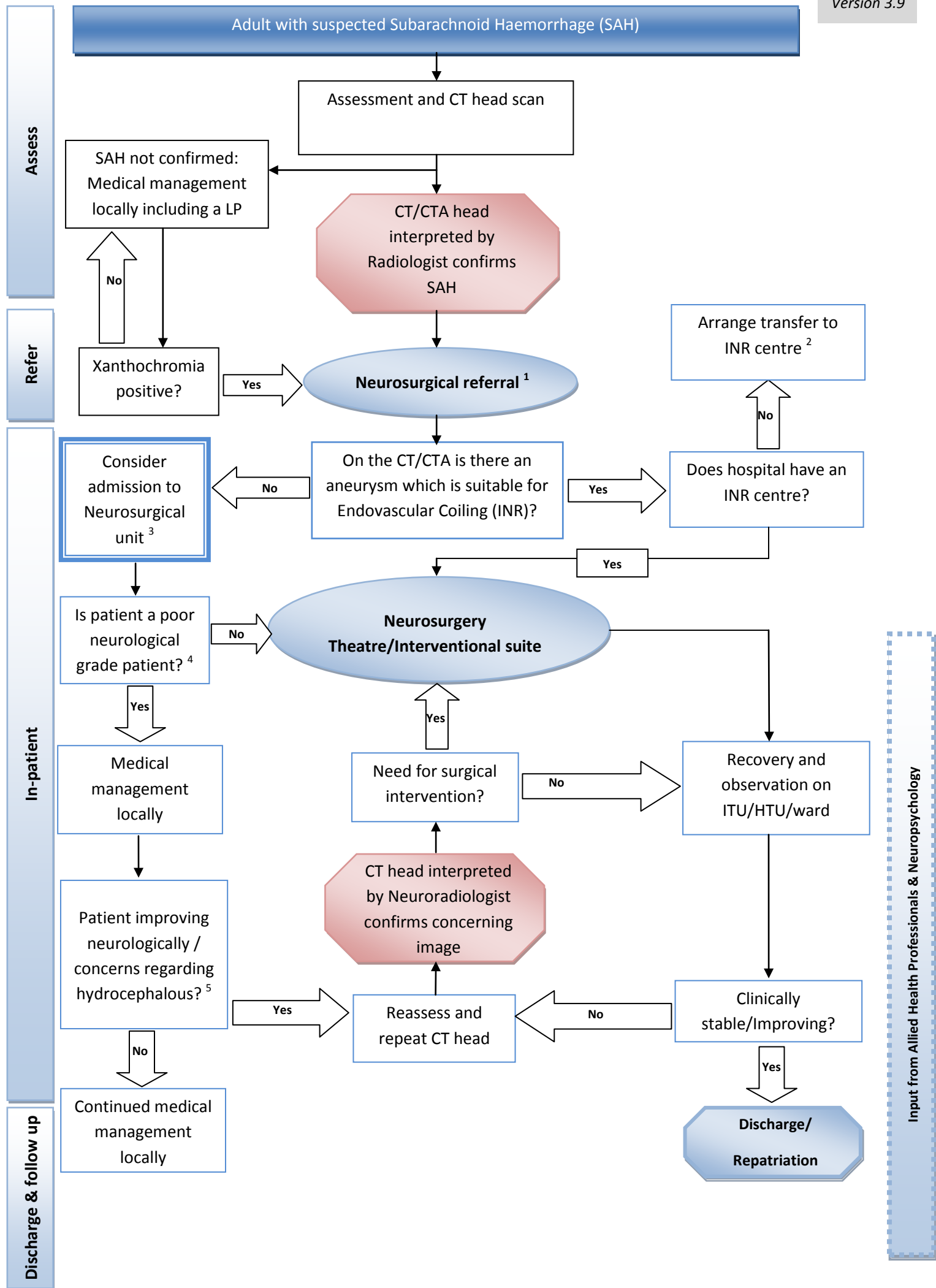


Adult Subarachnoid Haemorrhage Pathway – notes for interpretation

1. Refer the patient to the Neurosurgeon on-call at the regional neurosurgery centre as an emergency. The Neurosurgeon will discuss imaging with the Neuro-radiologist and additional imaging i.e. Catheter Angiogram, head and spine MRI/MRA is to be obtained locally if required.
2. If the aneurysm is suitable for interventional neuroradiology (INR) intervention this is to be discussed with the duty Interventionist (Edinburgh or Glasgow). Agree on accepting and transferring (from hospital with and without Neurosurgery on site). Use the referral pathway to INR (INS Glasgow & DCN Edinburgh Pathway).
3. If the aneurysm is not suitable for INR, the patient is to be accepted (hospital with Neurosurgery on site), and ITU bed agreed if required. If the hospital does not have Neurosurgery on site the patient needs to be transferred to the Regional Neurosurgery Centre. The referring team are to co-ordinate transport.
4. Poor grade patients: Patients with GCS <8, a motor score of less than 5 or with major co-morbidities.
5. If there is neurological improvement after a period of observation or concern regarding hydrocephalus then repeat CT imaging and discussion with the Regional Neurosurgery Centre can be considered.



Input from Allied Health Professionals & Neuropsychology

Assess

Refer

In-patient

Discharge & follow up