



Optimizing ED Ischemic Stroke Patient Care

Hemorrhagic Stroke Patient Management in the ED: What are the Current Roles of Operative Intervention & Factor VIIa?

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Learning Objectives

- Discuss the potential role of operative intervention in acute ICH patient management given the results of the STICH operative intervention clinical trial.
- Determine the optimal protocol for and the possible role for Factor VIIa in the ED management of ICH patients, especially in the setting of an elevated INR due to warfarin use.

Background

The need for operative intervention in the acute management of ED ICH patients is of critical importance, especially given the lack of uniform neurosurgical coverage in the United States. Which patient might benefit from operative intervention is also important given that outcomes can be poor in patients whose hemorrhages are large and are associated with a poor GCS. The data from the STICH trial suggest that operative intervention may not dramatically benefit ICH patient outcome, such that its use might be limited to a select population of ED ICH patients. This conclusion, however, may not apply universally to all ICH patients given the methods and results of the study, suggesting the need for further discussion of the results and their impact on clinical practice.

Many ICH patients sustain a cerebral hemorrhage because of the concomitant use of warfarin, requiring that the ED management include normalization of an elevated INR. How this should take place, based on what guidelines and with the use of products such as Factor VIIa is of importance as EM physicians acutely manage ED ICH patients.

Key Clinical Questions

What is the role of operative intervention in ICH patients given the results of the STICH trial?

What is the optimal protocol for the management of ICH patients and the potential role for factor VIIa given in anti-coagulated patients?