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AHA/ASA Guideline

Guidelines for the Management of Aneurysmal Subarachnoid Hemorrhage

A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association

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

Endorsed by the American Association of Neurological Surgeons and Congress of Neurological Surgeons and by the Society of Neurointerventional Surgery

E. Sander Connolly, Jr, MD, FAHA, Chair; Alejandro A. Rabinstein, MD, Vice Chair; J. Ricardo Carreras, MD, FAHA; Colin P. Derksen, MD, FAHA; Jacques Escot, MD, FRCP(C); Russell T. Higashida, MD, FAHA; Brian L. Hoh, MD, FAHA; Catherine J. Kirkness, PhD, RN; Andrew M. Nadeau, MD, MSPH; Christopher S. Ogilvy, MD; Annan S. Patel, MD; B. Gregory Thompson, MD, Paul Vespa, MD, FAAN, on behalf of the American Heart Association Stroke Council, Council on Cardiovascular Radiology and Intervention, Council on Cardiovascular Nursing, Council on Cardiovascular Surgery and Anesthesia, and Council on Clinical Cardiology

Purpose—The aim of this guideline is to present current and comprehensive recommendations for the diagnosis and treatment of aneurysmal subarachnoid hemorrhage (aSAH).

Methods—A formal literature search of MEDLINE (November 1, 2006, through May 1, 2015) was performed. Data were synthesized with the use of evidence tables. Working group members met by teleconference to discuss data-derived recommendations. The American Heart Association Stroke Council's evidence grading algorithm was used to grade each recommendation. The guideline draft was reviewed by 7 expert peer reviewers and by the members of the Stroke Council Leadership and Manuscript Oversight Committees. It is intended that this guideline be fully updated every 3 years.

Results—Evidence-based guidelines are presented for the care of patients presenting with aSAH. The focus of the guideline was subdivided into incidence, risk factors, prevention, natural history and outcome, diagnosis, prevention of rebleeding, surgical and endovascular repair of ruptured aneurysms, options of care, metabolic management during repair, management of vasospasm and delayed cerebral ischemia, management of hydrocephalus, management of seizures, and management of medical complications.

Conclusions—aSAH is a serious medical condition in which outcome can be dramatically impacted by early, aggressive, expert care. The guideline offers a framework for the goal-directed treatment of the patient with aSAH. (Stroke. 2015;46(2):e127-151.)

Key Words: AHA Scientific Statements • aneurysms • delayed cerebral ischemia • diagnosis • subarachnoid hemorrhage • treatment • vasospasm

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