

Seizure Prophylaxis Guidelines for Neurosurgical ICU patients at NorthShore University HealthSystem

Those patients that seizure prophylaxis is not indicated:

1. Deep Intracranial hemorrhage
2. Ischemic stroke without clinical or electrographic evidence of seizure
3. Subarachnoid hemorrhage with GCS \geq 14

Those patients that seizure prophylaxis may be used for < 7 days:

1. Subarachnoid hemorrhage with GCS < 14
2. Cerebral abscess or empyema
3. Penetrating injuries
4. In patients with cortical intraparenchymal hemorrhage consider continuous EEG monitoring when depressed mental status out of proportion to the degree of brain injury to exclude electroencephalographic seizures. Treat with antiepileptic drugs if evidence of non-convulsive seizures.

Those patients that seizure prophylaxis will be left up to the clinical providers:

1. Cortical contusion
2. Brain Tumors
3. TBI
4. ICH with low threshold for seizure (prior seizure, alcohol use, ischemic infarct with hemorrhagic transformation).
5. Subdural and Epidural Hematoma

**NorthShore University HealthSystem Guidelines For Blood Pressure Management of Patients
Transferring to EH ICU with Head Bleeds**

Those patients with any Subarachnoid hemorrhage or Intracerebral/ventricular hemorrhage:

1. Please administer Labetalol 5mg IV q5-10minutes up to 20mg to achieve SBP < 140.
 - a. If patient is allergic or there is a contraindication to this medication, please call the neurosurgical pager 3300.
2. If this goal is not achieved, please call the neurosurgical pager immediately at 3300.

Those patients with any Subdural Hematoma or Epidural Hematoma:

1. Transfer patients to EH ICU stat (or operating room at the request of the neurosurgical team)
2. While transferring patient, please administer Labetalol 5mg IV q5-10minutes up to 20mg to achieve SBP < 140.
 - a. If patient is allergic or there is a contraindication to this medication, please call the neurosurgical pager 3300.