

Spontaneous intracerebral hemorrhage checklist

The following check-list is presented to assist in gathering historical information important in evaluating & managing the adult with spontaneous ICH (modified):

1. time course of symptoms: time of initial onset (or when last seen normal)
2. initial symptoms and progression
3. seizure
4. hypertension history
5. drugs:
 - a) sympathomimetics:
 - amphetamines, cocaine
 - appetite suppressants or nasal decongestants (pseudoephedrine)
 - b) dietary supplements: especially ephedra alkaloids (mahuang)
 - c) anticoagulants: warfarin (Coumadin®), dabigatran (Pradaxa®), apixaban (Eliquis®)...
 - d) antiplatelet drugs: aspirin (patients often forget taking low dose 81mg), Plavix, NSAIDS
 - e) oral contraceptive (birth control pills): questionable association
 - f) history of alcohol abuse
6. past medical history
 - a) coagulopathies
 - b) history of dementia: ICH may be associated with cerebral amyloid angiopathy
 - c) liver disease: may be associated with coagulopathy
 - d) previous stroke
 - e) history of known vascular abnormalities (AVM, venous angioma...)
 - f) tumor: known history of cancer, especially those that tend to go to brain (lung, breast, GI, renal, melanoma...) or associated with coagulopathy (leukemia)
7. recent surgery: especially carotid stenting or endarterectomy, procedures requiring heparin...
8. recent childbirth and/or eclampsia or preeclampsia
9. history of recent trauma

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