

Care of the SAH patient	(1) SAH patient comes to JR Hospital	(1a) Patient bleeds and <ul style="list-style-type: none"> <li>• presents to DGH,</li> <li>• presents to JR A&amp;E, or</li> <li>• already in-house at JR for other reason</li> </ul>	Diagnosis unknown (bed mgr accepts pt with incomplete information)
		(1b) Phone call to JR <b>neurosurgery reg</b>	Diagnosis equivocal (SAH is suspected and patient is transferred but later found not to be SAH)
		(1c) <b>Neurosurgery</b> (reg/consultant) +/- <b>neuroradiology</b> (reg/consultant) review of CT, decision to transfer <ul style="list-style-type: none"> <li>• <b>Bed manager</b> notified</li> <li>• <b>Floor coordinator</b> → staff nurse notified</li> <li>• <b>Ward clerk manager</b> → ward clerk notified</li> <li>• <b>Neurosurgery reg</b> notifies <b>junior dr</b></li> </ul>	No weekend (Saturday) coverage of ward clerks
		(1d) <b>Clerk</b> obtains previous clinical notes and assembles chart	
	(2) Initial clerking, resuscitation	(2a) Pt arrives on ward or ITU	
		(2b) Pt seen by <b>nurse</b> , who then bleeps junior dr and completes admission assessment	
		(2c) Pt seen by <b>junior doctor</b> then <b>neurosurgery reg</b>	
	(3) Treatment, initial recovery period	(3a) Pt taken to radiology for CT angiogram +/- coiling (or, to theatre for craniotomy w/clipping - rare)	Follow up instructions not given or unclear
		(3b) Post procedure instructions and follow up from <b>neuroradiologist</b>	
		(3c) Pt taken to theatre recovery area	
		(3d) Pt returns to ward or admitted to ITU	
	(4) Monitoring for delayed cerebral ischaemia	(4a) Clinical review by <b>doctor, nurse, neurorad</b> , with input from <b>OT, physio, pharmacist, +/- ophthalmology</b> , etc as required	
		(4b) Nimodipine, obs, 3L fluid/day	
		(4c) +/- CT scan if suspected hydrocephalus, +/- EVD,...	
		(4d) Transfer to ITU if clinical deterioration and/or transfer to ward from ITU when clinically stable	
(5) Discharge and follow	(5a) Pt stable, plan for discharge		
	(5b) <b>junior dr</b> writes eIDD, TTO, <b>nurse</b> prints eIDD and		

up	completes discharge assessment	
	(5c) <b>Clerk</b> arranges for follow up with neurosurgery and/or neuroradiology arranges for follow up imaging	
	(5d) mRS at discharge documented by <b>junior dr</b>	
	(5e) <b>Clerk</b> breaks down and files chart	
	(5f) Pt returns for follow up: neurosurgery outpatient clinic and/or radiology	

People: **junior doctor** **Nurse** **neurosurgery reg or consultant** **Clerk** **neuroradiologist** **other**