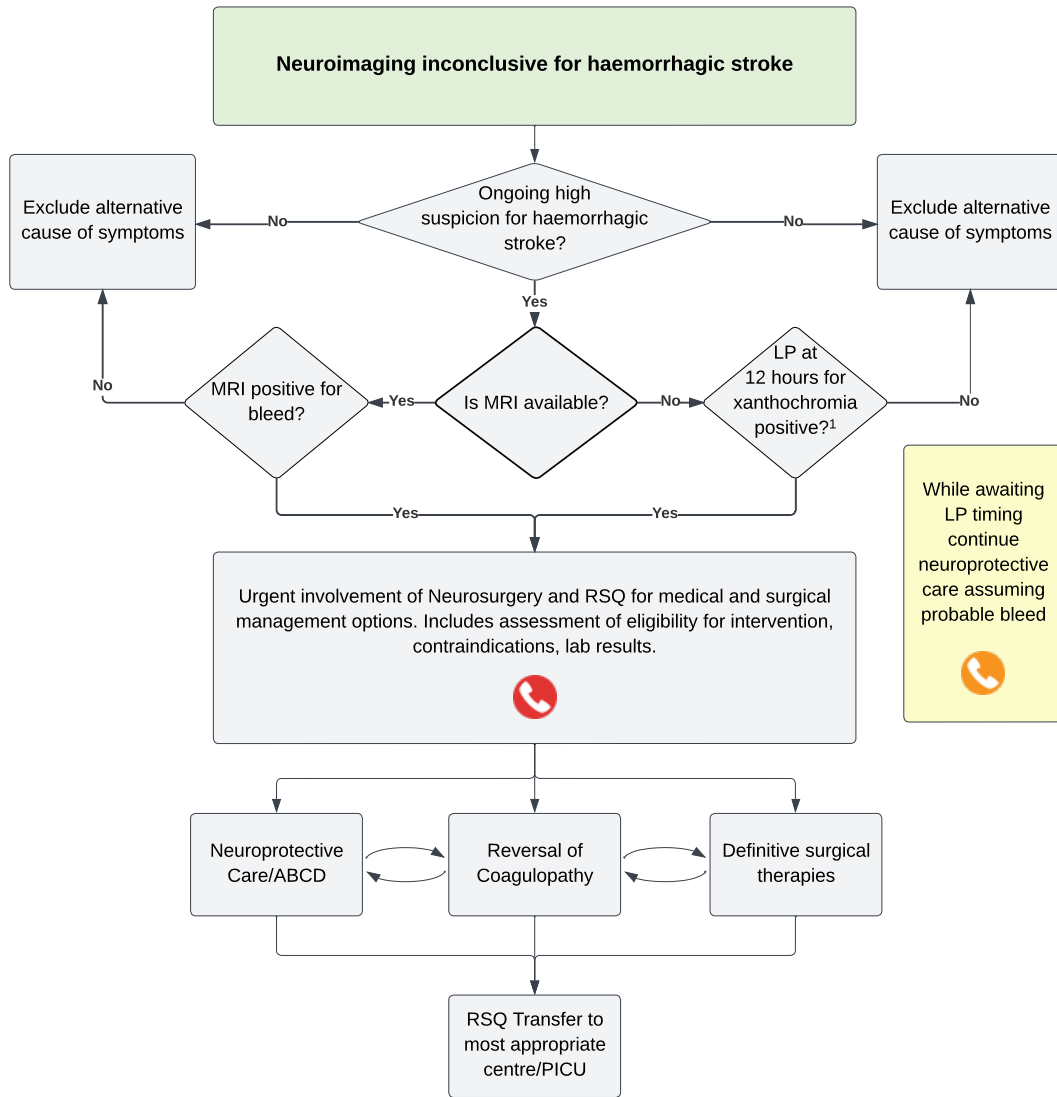


Paediatric Stroke - Emergency management in children – Haemorrhagic Stroke Inconclusive Flowchart



Diagnostic Accuracy of ED Investigations for Subarachnoid Haemorrhage (SAH)

- CT head within 6hrs of onset + neuroradiologist report has a high sensitivity and is likely to be sufficient to rule out SAH.
- CT head beyond 6hrs is much less sensitive, therefore additional testing is likely to be beneficial.
- In healthcare settings, where neuroradiology expertise is unavailable, caution should be exercised when translating the diagnostic accuracy of CT head.
- If there is high suspicion of SAH with negative neuroimaging consider LP examining for xanthochromia - LP should be delayed to 12hrs post onset of symptoms
 - ensure it is safe to perform LP
 - ensure appropriate sedation/analgesia (avoid distress, hypertension and risk of rupture)

Consider seeking senior emergency/paediatric advice as per local practices

Seek senior emergency/paediatric advice as per local practices. Consider contacting paediatric critical care

Seek urgent paediatric critical care advice (onsite or via Retrieval Services Queensland (RSQ) on 1300 799 127)

CHQ-GDL- 00734 Paediatric Stroke - Emergency Management in Children - Flowchart 5: Haemorrhagic Stroke Inconclusive V1.0

For more information refer to [CHQ-GDL-00734 Paediatric Stroke – Emergency management in children](#)

