2022 guideline for the management of patients with spontaneous intracerebral hemorrhage: a guideline from the American Heart Association/American Stroke Association.

Guideline ID: 497 Published: 2022 Jul

American Heart Association (AHA) | American Stroke Association (ASA)

Greenberg SM, Ziai WC, Cordonnier C, et al. 2022 guideline for the management of patients with spontaneous intracerebral hemorrhage: a guideline from the American Heart Association/American Stroke Association. Stroke. 2022 Jul;53(7):e282-e361. [649 references] PubMed

View Original Guideline

Overview

Guideline Objective

To provide recommendations on the diagnosis, treatment, and prevention of intracerebral hemorrhage (ICH) in adults and to update and replace the AHA/ASA 2015 ICH guideline

Note: This 2022 guideline is limited explicitly to spontaneous ICHs that are not caused by head trauma and do not have a visualized structural cause such as vascular malformation, saccular aneurysm, or hemorrhage-prone neoplasm. These hemorrhages without a demonstrated structural or traumatic cause are often referred to as primary ICH (refer to the terminology in Section 2.1 Small Vessel Disease Types of the original guideline). This guideline thus does not overlap with AHA/ASA guidelines or scientific statements on the treatment of arteriovenous malformations, aneurysmal subarachnoid hemorrhage, or unruptured saccular aneurysms.

Patient Population

Adults with or suspected of having ICH

Recommendations

Recommendation Statements

Major interventions covered in this guideline include:

- Organization of prehospital and initial systems of care
- Diagnosis and assessment, including physical examination, laboratory testing, and imaging
- Medical and neurointensive treatment, including acute blood pressure lowering, hemostasis, and coagulopathy
- General inpatient care, including prevention and management of acute medical complications, thromboprophylaxis and treatment of thrombosis, nursing care, and glucose and temperature management
- Guidance on seizures and use of antiseizure drugs
- Neuroinvasive monitoring, intracranial pressure, and edema treatment
- Surgical interventions, including hematoma evacuation and craniectomy for ICH
- Outcome prediction and goals of care, including decisions to limit life-sustaining treatment
- Management of post-ICH recovery, rehabilitation, and complications
- Secondary prevention and primary ICH prevention in individuals with high-risk imaging findings

Note: Full recommendation statements have not been provided because this guideline does not meet EGT's systematic review of the evidence criteria. Refer to the original guideline for more information.

Evidence Rating Scheme

Refer to the original guideline documentation for more information.

Recommendation Rating Scheme

Refer to the original guideline documentation for more information.

Related Content

Supporting Documents

- Data Supplements; 2022.
- Writing Group Comprehensive Relationships With Industry and Other Entities (RWI); 2022.

Implementation Tools

- Top Things to Know; 2022 May 17.
- Clinical Update Slide Set; 2022.
- AHA Guidelines On-the-Go available for Android and iOS.

Patient Education

- Key Patient Messages.
- Hemorrhagic Stroke.
- Let's Talk About Hemorrhagic Stroke Infographic; 2022 May.
- The Known and Unknown of Stroke Infographic; 2021 Aug.

Note: This patient information is intended to help patients better understand their health and their diagnosed disorders. Patients and their representatives should still consult with a licensed health care professional for evaluation of treatment options as well as answers to their personal medical questions.

Disclaimer

If you desire to use content from the original clinical practice guideline cited herein, you must contact the guideline developer directly to obtain permission rights.

ECRI's Guideline Profiles are designed to provide information and assist decision-making. Variations in practice will inevitably, and appropriately, occur when clinicians take into account the needs and preferences of individual patients, available resources, and limitations unique to an institution or type of practice. Every healthcare professional using these Guideline Profiles is responsible for evaluating the appropriateness of applying them in a clinical setting.

Copyright © 2025 ECRI