Exhibit EP6.a

University of Virginia Health System
Clinical Practice Guideline
Spontaneous Subarachnoid Hemorrhage

Interventions supported by ASA Guidelines

	Emergency Dept.	0 - 24 hours	Day 2 - 7	Day 8 - 14	Discharge
Assessment	Neuro exam at least q 1h Vital signs at least q 1h	Neuro checks & VS q1h, Abbreviated NIH stroke scale q4h Continuous cardiac monitoring	Neuro checks & VS q1h, Abbreviated NIH stroke scale q4h Monitor for vasospasm Continuous cardiac monitoring	Abbreviated NIH stroke scale & VS q4H Monitor for vasospasm Continuous cardiac monitoring if indicated	
Diagnostics	CT without contrast LP if CT negative and strong suspicion of SAH CT angiogram ECG Labs: Blood chemistry, CBC with PLT, PT/PTT, FSBG, urine drug screen if obtunded	Cerebral angiogram if no aneurysm on CTA	Repeat cerebral A-gram or CT angiogram on day 5-7 if no aneurysms on 1st studies Monitor serum sodium	Monitor serum sodium	
Medications/Treatments	Oxygen if O2 sat < 94% Normal saline at 125 ml/hr SBP ≤ 140 until aneurysm secure	Nimodipine 60 mg q4h SBP ≤ 140 until aneurysm secure IVF 3 liters/day Monitor strict I&O Insulin to maintain normoglycemia Resume home meds *except* antiplatelets, anticoagulants and Anti-HTN meds DVT prophylaxis, SCDs Reverse elevated INR secondary to OAC with UVA Clinical Practice Guideline re: Factor IX complex Aneurysm treatment if indicated	Continue meds/treatments Salt tablets or hypertonic saline prn for hyponatremia DVT prophylaxis: consider addition of SQ heparin	Continue meds/treatments	Discharge Medications Discontinue Nimodipine at 2-3weeks Continue home meds Plan to reintroduce antiplatelets, aniti-coagulants and anti-HTN meds as indicated
Activity	Bedrest	Bedrest	Once aneurysm is secure, OOB to chair, then	↑ activity as tolerated OOB to chair at minimum	↑ activity as tolerated
Nutrition	NPO including medications until swallowing screening/eval	Nutrition ordered based on swallowing eval Feeding tube placed prn	Advance diet as tolerated PEG consult if indicated	Advance diet as tolerated	No diet or fluid restrictions
Education		Stroke education Smoking cessation	Stroke education Smoking cessation	Stroke education Smoking cessation	Stroke & Smoking Cessation Education Complete
Interdisciplinary Communications	Swallow screening/eval	Admit to the NNICU, tranfer to the NIMU or Stroke Unit when stable PT, OT, Speech Therapy Social Work risk and resource assessment	PT, OT, Speech Therapy Discharge Planning Physical Medicine and Rehab Consult if appropriate	PT, OT, Speech Therapy	Discharge with appropriate follow-up care and/or placement If DC home, F/U w/ PCP in one week F/u with NSGY in 6W

Guidelines are general and cannot take into account all of the circumstances of a particular patient. Judgment regarding the propriety of using any specific procedure or guideline with a particular patient remains with that patient's physician, nurse or other health care professional, taking into account the individual circumstances presented by the patient.

Abbreviations: NIH- National Institute of Health; PCP-Primary Care Physician;

Kenneth Liu, M.D.
Co-Medical Director

E. Clarke Haley, M.D.
Medical Director

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References: Connolly, Jr. E et al. Guidelines for the Management of Aneurysmal Subarachnoid Hemorhhage. Stroke 2012; 43; 1711-1737.

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University of Virginia Medical Center Clinical Practice Guideline: Reversal of Oral Anticoagulation----Factor IX Comnplex