






Survey non-aneurysmal, non-traumatic SAH

A) How many cases of non-aneurysmal / non-traumatic SAH are treated in your hospital per year?

- a) <5
- b) 5-10
- c) 10-20
- d) 20-50
- e) No information

B) In how many cases do you diagnose cerebral vasospasm / vasospasm related complications with the need for further treatment?

- a) <2%
- b) 2-5%
- c) 5-10%
- d) >10%
- e) We never diagnosed patients with non-aneurysmal / non-traumatic SAH with vasospasm or related complications

	<u>Case 1</u>	<u>Case 2</u>	<u>Case 3</u>
			
	<p>38-year-old female, thunderclap headache, GCS 15, lumbar puncture positive for SAB Negative DSA</p>	<p>51-year-old male, headache for 2 days, GCS 15 Negative DSA</p>	<p>53-year-old male, thunderclap headache, emesis, GCS 15 Negative DSA</p>
1			
2			
3			
4			
5			

Please write your answer to the following questions in the table above



1. What is your treatment regime?

- a) Transfer to the Intensive care unit
- b) Transfer to intermediate care station
- c) Transfer to regular ward

2. What is your treatment regime?

- a) blood pressure monitoring (invasive)
- b) blood pressure monitoring (non-invasive)
- c) No blood pressure monitoring

3. What is your treatment regime?

- a) cerebral vasospasm prophylaxis for 14 days with repetitive transcranial ultrasound
- b) cerebral vasospasm prophylaxis for 14 days without repetitive transcranial ultrasound
- c) No cerebral vasospasm prophylaxis but with repetitive transcranial ultrasound
- d) No cerebral vasospasm prophylaxis and without repetitive transcranial ultrasound

4. When do you perform a second angiography in this case?

- a) During hospital stay within the first 3 weeks after ictus
- b) 6-12 weeks after ictus
- c) 6 to 12 months after ictus
- d) We do not perform another DSA in this patient

5. If the 2nd DSA is negative, do you opt for a third angiography in this case?

- a) Yes
- b) No