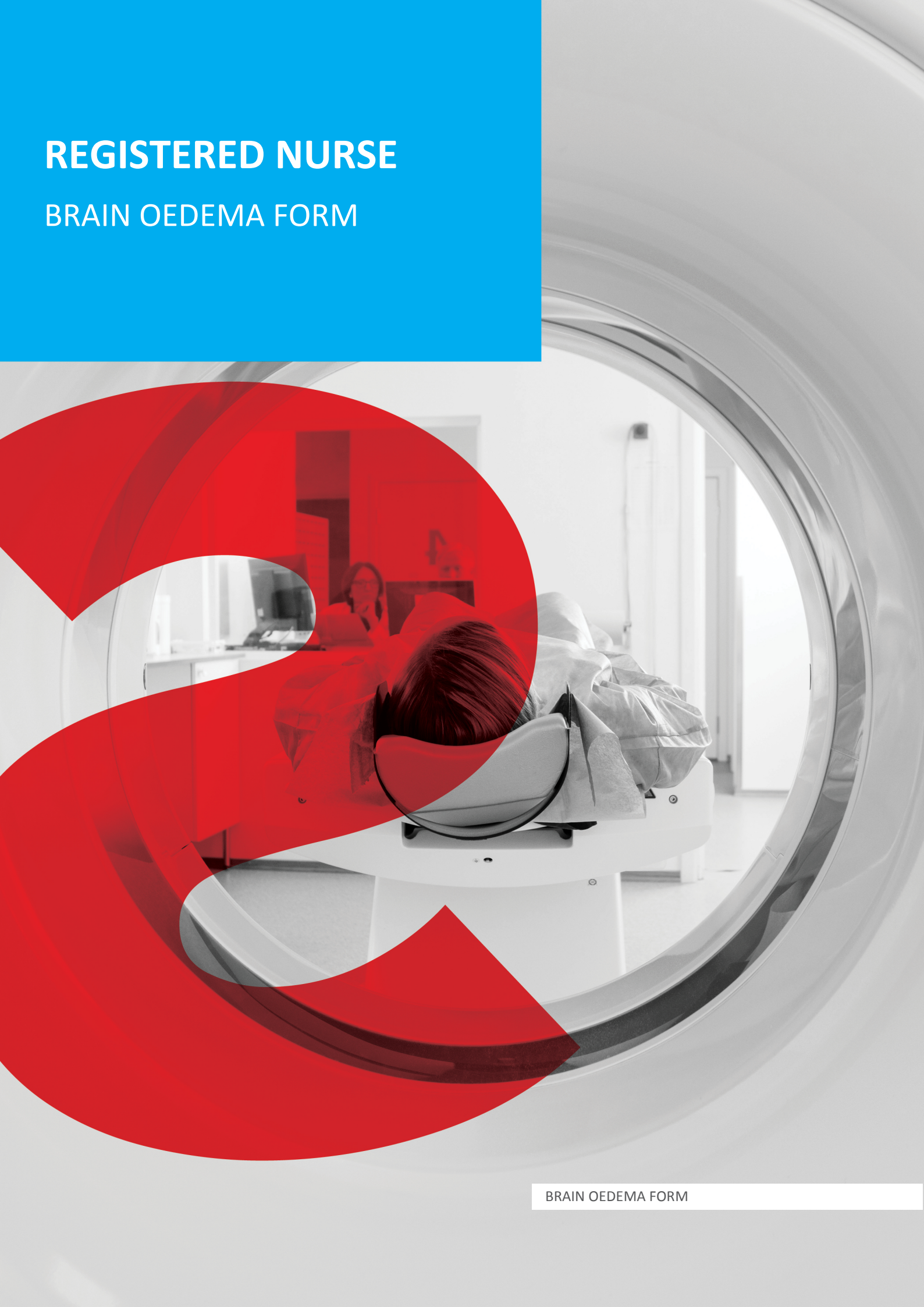


REGISTERED NURSE

BRAIN OEDEMA FORM



BRAIN OEDEMA FORM

BRAIN OEDEMA AND ELEVATED INTRACRANIAL PRESSURE

PATIENT NAME:

- Space-occupying brain oedema is a main cause of early deterioration and death in patients with large supratentorial infarcts. Life-threatening brain oedema usually develops between the 2nd and 5th day after stroke onset, but up to a third of patients can have neurological deterioration within 24 hours after symptom onset.¹
- Surgical decompressive therapy within 48 hours after symptom onset is recommended in patients up to 60 years of age with evolving malignant MCA infarcts.¹
- It is recommended that osmotherapy can be used to treat elevated intracranial pressure prior to surgery if this is considered.¹
- It is recommended that ventriculostomy or surgical decompression be considered for treatment of large cerebellar infarctions that compress the brainstem¹

Please carry out the following orders as appropriate¹

Basic management includes:	Completed	Comments
■ Head positioning at an elevation of up to 30°	☐	
■ Avoidance of noxious stimuli	☐	
■ Pain relief	☐	
■ Appropriate oxygenation	☐	
■ Normalisation of body temperature	☐	
Intravenous glycerol (4 x 250 ml of 10% glycerol over 30–60 minutes) or mannitol (25–50 g every 3–6 hours) is first line medical treatment if clinical or radiological signs of space-occupying oedema occur	☐	
Hypotonic and glucose-containing solutions should be avoided as replacement fluids	☐	
Thiopental given as a bolus can quickly and significantly reduce ICP, and can be used to treat acute crises	☐	

Nurse, name	Staff number	Signature	Date
			Time

Reference: European Stroke Organisation (ESO). Cerebrovasc Dis 2008;25(5):457-507.

These checklists are provided as an example. Please adapt to your local regulations and prescribing information before use.