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# ICH Scoring and Prognostication

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## Presenter



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- None

## Patient 1

- 57 year old male
  - ▶ PMHx: HTN
- A+O x3, GCS 15
- Right arm weakness x 3 hours



## Patient 2

- 83 year old female
- Obtunded
- On Apixaban for Atrial fibrillation



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# How Bad Is It?

# What To Expect? (Prognosis)

## Objectives

- Understand how to calculate prognostic scores in patients with ICH
- Utilize prognostic scoring for disposition in patients with ICH

# Introduction

- ICH: 10% of all strokes
- Deterioration: 15-23% within first hour of arrival
- Mortality: up to 40% at 1 month
- High rate of disability
- Early aggressive management

**Stroke. 1997; 28:1–5**  
**Acad Emerg Med. 2012; 19:133–138**  
**Stroke. 2015;46(7):2032-60**  
**J Neurol Sci. 2019;398:54-66**

# AHA/ASA ICH Guidelines (2015)

## Emergency Diagnosis and Assessment: Recommendations

1. **A baseline severity score should be performed as part of the initial evaluation of patients with ICH (*Class I; Level of Evidence B*). (New recommendation)**



# Why Not NIHSS?

# Characteristics of Ideal Scoring Tool

- Easy to use
- Objective criteria
- Reproducible
- Accurate

# ICH Scoring Tools

- ICH Score
- mICH
- ICH-GS
- FUNC

# ICH Score

- 5 elements
- Predicts 30-day Mortality

## Intracerebral Hemorrhage (ICH) Score

Based on age and CT findings; estimates mortality.

When to Use ▾
Pearls/Pitfalls ▾
Why Use ▾

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<u>Glasgow Coma Score</u>	3-4 +2	5-12 +1	13-15 0
Age ≥80	No 0	Yes +1	
<u>ICH volume</u> ≥30mL	No 0	Yes +1	
Intraventricular hemorrhage	No 0	Yes +1	
Infratentorial origin of hemorrhage	No 0	Yes +1	

<https://www.mdcalc.com/intracerebral-hemorrhage-ich-score>

## ICH Score

ICH Score	Mortality
0	0%
1	13%
2	26%
3	72%
4	94%
5	100%
6	100%

Stroke. 2001 Apr;32(4):891-7  
Neurocrit Care. 2004;1(1):53-60

## ICH Score – GCS

- GCS – 13-15: 0
- GCS – 5-12: 1
- GCS – 3-4: 2

Best Verbal Response	
A+O x 3	5
Confused	4
Inappropriate Words	3
Incomprehensible Sounds	2
No Response	1

Eye Opening Response	
Spontaneous	4
To Speech	3
To Pain	2
No Response	1




Best Motor Response	
Obeys Commands	6
Localizes Pain	5
Flexion – Withdrawal	4
Abnormal Flexion – Decorticate	3
Abnormal Extension – Decerebrate	2
No Response	1

# ICH Score – Age

- $\geq 80$ : 1
- $< 80$ : 0

## Intracerebral Hemorrhage (ICH) Score

Based on age and CT findings; estimates mortality.

When to Use 
Pearls/Pitfalls 
Why Use 

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<u>Glasgow Coma Score</u>	3-4 +2	5-12 +1	<b>13-15 0</b>
Age $\geq 80$	No 0	<b>Yes +1</b>	
<u>ICH volume</u> $\geq 30$ mL	<b>No 0</b>		Yes +1
Intraventricular hemorrhage	<b>No 0</b>		Yes +1
Infratentorial origin of hemorrhage	<b>No 0</b>		Yes +1

<https://www.mdcalc.com/intracerebral-hemorrhage-ich-score>

## ICH Volume

- Computer measurement
- ABC/2

**BRAIN AND POSTERIOR FOSSA:** There is a hyperdense region likely centered in the left thalamus measuring 4.6 cm in maximal AP diameter by 3.2 cm in width by 3.3 cm in height with a volume of 24 cc. Surrounding vasogenic edema is seen causing significant compression upon the adjacent left lateral ventricle with resultant 4 mm left-to-right midline shift. No other significant abnormality is seen.





# ICH Volume

- Online formula




- $\geq 30\text{mL}$ : 1

- $< 30\text{mL}$ : 0

### ABC/2 Formula for Intracerebral Hemorrhage Volume

Predicts volume of intracranial hemorrhage from CT measurements.

**INSTRUCTIONS**  
Measure length and width on the CT slice with the largest area of hemorrhage. NOTE: CT slices are typically measured in mm, not cm.

When to Use     Pearls/Pitfalls     Why Use 

Hemorrhage Shape

Hemorrhage Length   
cm

Hemorrhage Width   
cm

Number of CT Slices   
slices  
Slice with  $\geq 75\%$  Area of Hemorrhage: Counts as 1 slice; Slice with 25-75% Area of Hemorrhage: Counts as 0.5 slices; Slice with  $< 25\%$  Area of Hemorrhage: Counts as 0 slices

CT Slice Thickness   
mm

<https://www.mdcalc.com/abc2-formula-intracerebral-hemorrhage-volume>

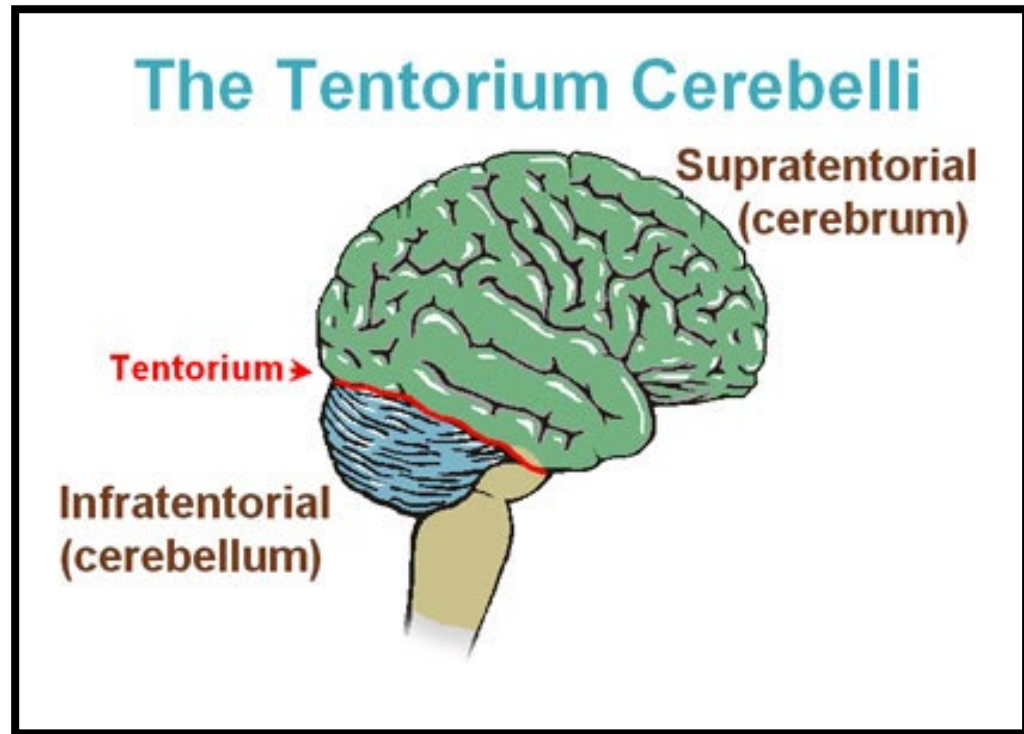
## ICH Score – Intraventricular Hemorrhage

- Yes: 1
- No: 0



## ICH Score - Infratentorial

- Yes: 1
- No: 0



# Individual Characteristics of ICH Score

	30-Day mortality					
	Univariable analysis			Multivariable analysis		
	OR	95% CI	pValue	OR	95% CI	pValue
Age >80	1.89	1.48–2.41	<0.001	2.01	1.47–2.74	<0.001
Glasgow Coma Scale (GCS) 13–15	1.00			1.00		
GCS 5–12	6.59	5.01–8.65	<0.001	3.90	2.86–5.32	<0.001
GCS 3–4	63.85	29.01–140.54	<0.001	27.10	11.85–62.00	<0.001
Infratentorial	1.39	1.02–1.91	0.040	1.95	1.29–2.93	0.001
Intracerebral hemorrhage ICH volume >30	6.90	5.32–8.94	<0.001	4.03	2.93–5.55	<0.001
Intraventricular extension	5.13	4.01–6.57	<0.001	2.52	1.87–3.40	<0.001
OAC use	2.30	1.76–3.02	<0.001	2.09	1.48–2.95	<0.001

# ICH Scoring Tools

Original ICH score	Points	ICH Grading scale	Points	Modified ICH score	Points	FUNC score	Points
<u>GCS</u>		<u>GCS</u>		<u>NIHSS</u>		<u>GCS</u>	
3-4	2	3-8	3	21-40	2	< 9	0
5-12	1	9-12	2	11-20	1	≥ 9	2
13-15	0	13-15	1	0-10	0		
<u>Haematoma volume</u>		<u>Haematoma volume</u>		<u>Haematoma volume</u>		<u>Haematoma volume</u>	
≥ 30 cc	1	<i>Infratentorial</i>		≥ 30 cc	1	>60	0
< 30 cc	0	> 20 cc	3	< 30 cc	0	30-60	2
		10-20 cc	2			<30	4
		< 10 cc	1				
		<i>Supratentorial</i>					
		> 70 cc	3				
		40-70 cc	2				
		< 40 cc	1				
<u>Haematoma location</u>		<u>Haematoma location</u>		<u>Haematoma location</u>		<u>Haematoma location</u>	
Infratentorial	1	Infratentorial	2	Infratentorial	1	Infratentorial	0
Supratentorial	0	Supratentorial	1	Supratentorial	0	Deep	1
						Lobar	2
<u>Age</u>		<u>Age</u>		<u>Age</u>		<u>Age</u>	
≥ 80 years	1	≥65	3	≥ 80 years	1	≥ 80 years	0
< 80 years	0	45-64	2	< 80 years	0	70-79 years	1
		<45	1			< 70 years	2
<u>IVH</u>		<u>IVH</u>		<u>IVH</u>		<u>Cognitive impairment</u>	
Yes	1	Yes	2	Yes	1	Yes	
No	0	No	1	No	0	No	0
							1
<b>Total score</b>	<b>0-6</b>	<b>Total score</b>	<b>5-13</b>	<b>Total score</b>	<b>0-6</b>	<b>Total score</b>	<b>0-11</b>

# Anticoagulation

- Larger ICH volume
- More hematoma/IVH expansion
- Higher morbidity/mortality

# Predicting Prognosis of Intracerebral Hemorrhage (ICH): Performance of ICH Score Is Not Improved by Adding Oral Anticoagulant Use

 Rik Houben<sup>1\*</sup>,  Floris H. B. M. Schreuder<sup>2</sup>,  Kim J. Bekelaar<sup>1</sup>,  Danny Claessens<sup>1</sup>,  Robert J. van Oostenbrugge<sup>1,3</sup> and  Julie Staals<sup>1,3</sup>

- OAC did not significantly affect ICH Score performance

## Other Risk Factors for Mortality

- Co-morbidities
- Previous stroke/ICH
- Illicit drug use (Cocaine)
- Functional status



# Functional Outcome

- Anticoagulation
- Premorbid function
- **GCS**
- **Hemorrhage >60mL**
- IVH

# FUNC Score

- Functional Independence
  - ▶ 90-day
- Glasgow Outcome Scale

ICH volume (cm <sup>3</sup> )	<30 +4	30-60 +2	>60 0
Age	<70 +2	70-79 +1	≥80 0
ICH location	Lobar		+2
	Deep		+1
	Infratentorial		0
GCS score	≥9 +2	≤8 0	
Pre-ICH cognitive impairment	No +1	Yes 0	

<https://www.mdcalc.com/functional-outcome-patients-primary-intracerebral-hemorrhage-func-score#next-steps>

## **FUNC Score – Likely Functional Independence**

- Score 0-4: 0%
- Score 5-7: 1-20%
- Score 8: 21-60%
- Score 9-10: 61-80%
- Score 11: 81-100%

**Stroke. 2008;39(8):2304-9**  
**Neurocrit Care. 2013;19(3):329-35**

## Limitations

- Score does not account for all factors
- Prognostication: only 1 point in time

# Utilizing Prognostic Scores

- No score should be used in isolation
- Score do not dictate treatment/intervention
- Use in conjunction with:
  - ▶ Baseline Neuro Status
  - ▶ Co-morbidities
  - ▶ Patient/Family wishes

## AHA/ASA – Outcome Prediction (2015)

- 1. Aggressive care early after ICH onset and postponement of new DNAR orders until at least the second full day of hospitalization is probably recommended (*Class IIa; Level of Evidence B*). Patients with preexisting DNAR orders are not included in this recommendation. Current prognostic models for individual patients early after ICH are biased by failure to account for the influence of withdrawal of support and early DNAR orders. DNAR status should not limit appropriate medical and surgical interventions unless otherwise explicitly indicated (*Class III; Level of Evidence C*). (Revised from the previous guideline)**

# Disposition

# Disposition

- System policy
- Interventions
- Shared decision making (Patient-centric)



## Patient 1

- 57 year old male
  - ▶ PMHx: HTN
- A+O x3, GCS 15
- Right arm weakness x 3 hours
- ICH volume: 4mL



## Patient 1

- Age: 0
- GCS 15: 0
- ICH volume < 30: 0
- No IVH: 0
- Supratentorial: 0



## Disposition: Patient 1

- ICH Score: 0
  
- 30-day Mortality: 0%

## Patient 2

- 83 year old female
- Obtunded, GCS: 5
- On Apixaban for Atrial fibrillation
- ICH volume: 42mL



## Patient 2

- Age: 1
- GCS: 1
- IVH: 1
- ICH volume: 1
- Supratentorial: 0



## Disposition

- ICH Score: 4
- Mortality: 94%
  - ▶ Anticoagulation
- Family discussion (goals of care)

## Conclusion

- Use prognostic score (ICH score)
- Realize limitations with all prognostic scoring
- Use to help drive discussion with patient/family

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# Questions?



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# Thank You