

**Cerebral Hematoma (hemorrhagic stroke):** bleeding within skull - accumulation of blood forms an expanding lesion, rapid or slow

- higher risk for those on anticoagulant meds - nurse should assess in questioning
- bleeding disorder @ greater risk: hemophilia, thrombocytopenia, leukemia, anemia

◦ patho:

- head trauma
- cerebral vascular disorders

◦ types:

- **epidural:** bleeding **above** dura (btw skull & dura); usually occurs from underlying **blood vessel**
    - may cause rapid neuro decline
    - change in LOC or personality  
↳ **emergency**
    - speech changes may be first signs
  - **subdural:** **below** dura (btw inner layer of dura & arachnoid), results in tears from bridging **veins** - worsens if not tx
    - gradual ↑ in generalized neuro sx
  - **intracerebral:** bleeding **inside** brain from injury or aneurysm
- more dangerous
- **assessment:**
    - ↑ ICP + disrupts blood flow → hypoxia, ischemia, tissue death
    - brain can shift to **lateral** side - herniation interrupting vital centers for **RR, HR, BP** as well as nerve function
    - death occurs if sx not recognized & bleeding - bleeding ↑ volume of brain contents
  - **diagnostics:**
    - CT w/ contrast: may cause **midline shift**
    - ICP monitoring: records pressure changes
  - **surgical management:**
    - indicated: rapid change LOC, signs of uncontrolled ICP
    - Burr holes
    - Intracranial surgery: craniotomy, craniectomy