

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Guideline scope update

### Stroke and transient ischaemic attack in over 16s: diagnosis and initial management (update)

This guideline will update the NICE guideline on stroke and transient ischaemic attack in over 16s: diagnosis and initial management (NG128).

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

#### **1 Why the update is needed**

New evidence that could affect recommendations on blood pressure control for people with acute intracerebral haemorrhage was identified through the surveillance process. Full details are set out in the [surveillance review decision](#).

##### ***Why the guideline is needed***

Please see the [original scope for NG128](#).

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

#### **2 What the updated guideline will cover**

##### ***2.1 Who is the focus?***

##### **Group that will be covered by this guideline update**

- People over 16 with acute intracerebral haemorrhage of any cause, including venous thrombosis.

## ***Equality considerations***

An [equality impact assessment](#) was completed for the original guideline and has been reviewed for this update. No additions were made. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

## **2.2 Settings**

### **Settings that will be covered**

- All settings in which secondary and tertiary NHS-funded healthcare is provided.

## **2.3 Activities, services, or aspects of care**

### **Key areas that will be covered in this update**

We will look at evidence in the area below when developing this update. We will consider making new recommendations or updating existing recommendations in this section of the guideline only.

- 1 Maintenance or restoration of homeostasis.  
Blood pressure control for people with acute intracerebral haemorrhage

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

<b>Area in the guideline</b>	<b>What NICE plans to do</b>
1.1 Rapid recognition of symptoms of stroke and transient ischaemic attack	No evidence review: retain recommendations from existing guideline
1.2 Imaging for people who have had a suspected TIA or acute non disabling stroke	No evidence review: retain recommendations from existing guideline
1.3 Specialist care for people with acute stroke	No evidence review: retain recommendations from existing guideline
1.4 Pharmacological treatments and thrombectomy for people with acute stroke	No evidence review: retain recommendations from existing guideline
1.5 Maintenance or restoration of homeostasis	Review evidence: update existing recommendations 1.5.4 and 1.5.5 as needed. Retain other recommendations in the existing guideline in this section
1.6 Nutrition and hydration	No evidence review: retain recommendations from existing guideline
1.7 Optimal positioning and early mobilisation for people with acute stroke	No evidence review: retain recommendations from existing guideline
1.8 Avoiding aspiration pneumonia	No evidence review: retain recommendations from existing guideline
1.9 Surgery for people with acute stroke	No evidence review: retain recommendations from existing guideline

## **2.4 Economic aspects**

We will take economic aspects into account when making recommendations.

We will review the economic evidence.

## **2.5 Key issue and draft question**

Draft review question for this update:

- 1 Maintenance or restoration of homeostasis
  - 1.1 What is the safety and efficacy of intensive interventions to lower blood pressure versus less intensive interventions in people with acute intracerebral haemorrhage?

## 2.6 *PICO table for the review question*

Population	People aged over 16 with acute intracerebral haemorrhage
Intervention	Intensive blood pressure reduction within 48 hours with: <ul style="list-style-type: none"><li>• calcium channel blockers</li><li>• intravenous or transdermal glyceryl trinitrate (GTN)</li><li>• angiotensin II antagonists</li><li>• beta-blockers</li></ul>
Comparison	Less intensive interventions
Outcomes	<ul style="list-style-type: none"><li>• Mortality at 24 hours, 30 and 90 days</li><li>• Modified Rankin scale (mRS) score at 90 days and 1 year</li><li>• Symptomatic cerebral ischaemia at 24 hours</li><li>• Haemorrhage expansion at 24 hours</li><li>• Neurological deterioration at 24 hours</li><li>• Adverse events (renal failure, spinal cord infarction, myocardial infarction) up to 90 days</li><li>• Quality of life (both health- and social-related quality) up to 90 days, 6 months and 12 months</li><li>• Percentage achieving blood pressure target</li></ul>

### 3 Further information

This is the final scope.

The guideline is expected to be published: April 2022

You can follow [progress of the guideline](#).

Our website has information about [how NICE guidelines are developed](#).

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