

# AHA/ASA Guideline

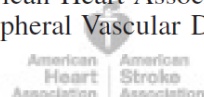
## Guidelines for the Early Management of Patients With Acute Ischemic Stroke

### A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association

*The American Academy of Neurology affirms the value of this guideline as an educational tool for neurologists.*

*Endorsed by the American Association of Neurological Surgeons and Congress of Neurological Surgeons*

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#### Treatment of hyperthermia

Page 20: Approximately one third of patients admitted with stroke will be **hyperthermic** (temperature  $>37.6^{\circ}\text{C}$ ) within the first hours after stroke onset. Because of the negative effects of hyperthermia, maintenance of normothermia or lowering of an acutely elevated body temperature has been hypothesized to improve the prognosis of patients with stroke. Measures to achieve normothermia or prevent hyperthermia include both pharmacological and mechanical interventions.

More recently, an updated meta-analysis of the relationship of hyperthermia and stroke mortality in patients with acute stroke demonstrated a 2-fold increase in short-term mortality in patients with hyperthermia within the first 24 hours of hospitalization.

#### Recommendations

**Class I; Level of Evidence C** (Unchanged from the previous guideline): Sources of hyperthermia (temperature  $>38^{\circ}\text{C}$ ) should be identified and treated, and antipyretic medications should be administered to lower temperature in hyperthermic patients with stroke.

#### Therapeutic hypothermia

Page 43/44: Hypothermia has been shown to be neuro-protective in experimental and focal hypoxic brain injury models.

Ongoing feasibility and larger clinical trials of induced hypothermia, either alone or in combination with other therapies, will likely increase our understanding of the role of hypothermia in acute cerebral ischemia.

#### Recommendations

**Class IIb; Level of Evidence B** (Revised from the previous guideline): The utility of induced hypothermia for the treatment of patients with ischemic stroke is not well established, and further trials are recommended.