



Subdural Hematoma/Intracranial Hemorrhage Discharge Instructions

Please review these instructions before your visit with The Oregon Clinic Neurosurgery. One of our providers has reviewed your imaging. You are considered an observation patient who does not require surgery.

Signs and symptoms of worsening bleeding:

Can include, but are not limited to:

- Slurred speech
- Confusion
- Limb weakness
- Excessive sleepiness
- Worsening headache
- Seizure

If you experience any of these symptoms, or are worried that you might be bleeding further, please go to the nearest emergency room.

Guidelines to follow between now and your visit with The Oregon Clinic Neurosurgery:

If you were prescribed an anti-seizure medication (most commonly Levetiracetam, otherwise known as Keppra) take it exactly as prescribed, and don't skip doses. There is a risk of seizure if you stop taking this medication. Common side effects of Keppra include, but are not limited to, fatigue, dizziness, rash or aggressiveness. If you develop a rash, call our office for directions on how to stop taking the medication. Seizures are a risk of closed head injury, and unless you showed signs of having one, you will most likely be weaned off the antiseizure medication at 6 weeks post bleed.

It is common to have headaches after closed head injury. Even if you did not hit your head, if there is bleeding inside your skull, this is called a closed head injury. It is common to have some balance difficulty, dizziness, or sleepiness. You should take care not to fall, rest as much as you feel you need to, stay well hydrated, and take your medications as directed.

You should NOT take any blood thinning medications that you may have been taking prior to your head bleed. These can include aspirin (all strengths), Aleve, Excedrin, Motrin, Advil, warfarin, coumadin, turmeric, fish oil, evening primrose oil, enoxaparin, Eliquis, etc. You should also avoid all alcohol until seen by the clinic and cleared, as this also thins your blood. Tylenol (acetaminophen) is okay to take for headaches. We do not prescribe pain medications for non-surgical patients. Please contact your primary care provider if you need something for pain stronger than acetaminophen.

You will need to have a repeat Head CT prior to visiting with the neurosurgery team for your office visit. We will order this, and the resulting facility will call you to schedule. If you have not heard from the

resulting facility within 5 days of a confirmed appointment with The Oregon Clinic, then please reach out and let us know.

While our offices are located in Providence hospitals, we are not a Providence clinic. However, you can contact us via the same MyChart login you use to reach your Providence providers.

You will most likely be seen by one of our advanced practice providers (APPs) who are either Physician Associates or Nurse Practitioners, all of whom are experienced professionals in dealing with your type of head injury. We are paired 1:1 with a neurosurgeon and have immediate access to them if we are worried about anything and need their input. You may have the highest confidence in our group, and we look forward to seeing you as a patient.

Disclaimer: *This document is intended to provide general information about SUBDURAL HEMATOMA/INTRACRANIAL HEMORRHAGE and is for educational purposes that explain the next steps prior to establishing with our specialist. The healthcare provider will review your test results and discuss them with you during your appointment. They will help you understand what the results mean for your health and provide personalized recommendations for further evaluation or treatment, if necessary.*

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