

Subarachnoid Haemorrhage or Traumatic Tap

Appendix: Clinical Characteristics, Examination Results, and Outcomes of 15 Patients with Positive SAH with Lumbar Puncture [posted as supplied by author]

Patient number	Clinical Presentation	Time to CT*	CT Result	Time to LP**	LP result	Outcome
120014	44 female with 4 day headache, onset <1minute neck pain, vomited, refused LP then returned 6 days later for LP	4 days	Normal	10 days	Xant***+, RBCs***** 2450	Coiled posterior communicating artery aneurysm
220268	72 male with 6 day headache, severe, BP 205/105	6 days	No SAH, but CT angiogram done with 8mm basilar tip aneurysm	6 days	Xant +, RBCs 10800	Coiled
220274	46 female with 3 day severe headache, onset with coitus, neck pain	3 days	Emergency physician interpreted as normal. Radiology called SAH	3 days	Xant -, RBCs 9750	Clipped anterior communicating artery aneurysm
320229	42 male with 4 day severe neck/occipital pain, onset during exertion	4 days	Emergency physician interpreted as normal. Radiology called SAH	4 days	Xant not reported, RBCs 34700	Attempted coiling of posterior communicating artery aneurysm but could not, so clipped
520068	39 female with headache onset 3 days earlier with syncope, headache now resolved, neck pain	3 days	Emergency physician interpreted as normal. Radiology called SAH	3 days	Xant +, RBCs 9309	Clipping of two internal carotid artery aneurysms
520185	60 female with 1 day severe pain occiput, immediate peak in pain	23 hours	Emergency physician interpreted as normal, Radiology called SAH	27.5 hours	Xant -, RBCs 74789	Coiling basilar tip aneurysm
520318	45 female with 1 day severe pain, onset within seconds, neck pain	28 hours	Emergency physician interpreted as normal, Radiology called SAH	30 hours	Xant +, RBCs 299365	Coiling anterior inferior cerebellar artery aneurysm
87	66 female with 5 days severe pain	5 days	Normal	5 days	Xant -, RBCs 15000	Clipping posterior cerebral artery aneurysm
175	54 female with 1 day severe instant	18 hours	Normal	19 hours	Xant+, RBCs 32	Clipping superior hypophysial

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	headache, vomiting					artery aneurysm
256	54 male with 6 hours of pain, peak over 30mins, vomiting	5 hours 50 minutes	Emergency physician interpreted as normal. Radiology called SAH	6.5 hours	Xant not reported, RBCs 199000	Clipping Anterior communicating artery aneurysm
720	30 female, with severe headache, onset <1 minute, neck pain, vomiting	4 hours	Emergency physician and radiology resident interpreted as normal. Staff radiologist called SAH	4.5 hours	Xant -, RBCs 600000	Coiling of posterior communicating artery aneurysm
1296	41 male with severe headache x 4 days, onset during exertion, and peaked within few minutes, neck pain, vomiting	4 days	Emergency physician interpreted as normal. Radiology called SAH	4 days	Xant -, RBCs 28741	Clipping basilar tip aneurysm
1648	77 male with severe headache peaking within few seconds, neck pain	12 hours	Emergency physician interpreted as normal. Radiology found aneurysm with SAH	14 hours	Xant +, RBCs 53500	Clipping posterior communicating artery aneurysm
2138	39 female with severe occipital headache instantly peaking, vomited	14 hours	Normal	16 hours	Xant +, RBCs 48388	Coiling of Posterior communicating artery aneurysm
2306	32 female with 2 days severe instantly peaking headache, neck pain, vomiting, neck stiffness	2 days	Emergency physician interpreted as normal. Radiology SAH	2 days	Xant -, RBCs 25600	Coiling of internal carotid artery aneurysm

* CT = Computed tomography

**LP = Lumbar puncture

***Xant = Xanthochromia

****RBCs= Red Blood Cells