1. **Patient selection for EVT:** Evidence for optimal patient selection is evolving very rapidly. The following is only a general guideline.

- Patients should be considered for EVT if they meet all the following criteria:
  - No significant prestroke disability
  - NIHSS 6+ or disabling deficit
  - Large vessel occlusion (LVO)
    - Internal carotid artery [ICA], middle cerebral artery [MCA], or basilar artery [BA]
  - Age ≥18 years
  - CT without substantial early ischemic changes (CT ASPECTS ≥6)
  - EVT (i.e., arterial puncture) can be initiated ≤24 hours from stroke onset

  **If within 6 to 24 hours of last known well,** then **CT perfusion with automated perfusion processing software** (ex: RAPID or equivalent) is required to assess for presence of Target Mismatch (TMM).

  **Target Mismatch Profile**
  - Core infarct (CBF<30%) volume is < 70 ml
  - Mismatch ratio between core infarct and penumbra (Tmax>6 seconds) volumes is ≥ 1.8
  - Mismatch volume* is ≥ 15 ml

- Additional patients might be considered based on individual circumstances.

2. **Process considerations for EVT:**

- **Faster IV alteplase and faster EVT = better outcomes**
  - Patients eligible for IV alteplase should receive it rapidly, even if EVT is being considered. Prepare/administer as soon as CT scan confirms no bleed (ICH).
  - EVT should not be delayed to assess for clinical response from IV alteplase.

- Emergency dept neuroimaging protocols should include **baseline CTA of head/neck** (at same me as noncontrast CT if possible) for all potential ischemic stroke patients

- The UC stroke team should be activated **prior to** obtaining baseline neuroimaging.

- If CTA is not performed due to unforeseen circumstances, and NIHSS is ≥10 or hyperdense large vessel is seen on CT, patient may go directly to EVT (i.e., forego CTA).

- **Transfer EVT-eligible patients as rapidly as possible** to EVT-ready hospital.
  - Call (513) 584-BEDS to initiate transfer; ask for a “Code Stroke” transport.
  - Consider **most rapid mode** of hospital-to-hospital transportation
    - By ambulance, if nearby hospital (<15 minutes) and at lower traffic density times, especially if an ambulance is available at the shipping hospital.
    - By AirCare, Mobile Care, or local air ambulance service, otherwise.
  - AirCare: Call (513) 584-CARE (2273) and requesting a “Code Stroke” transport (if not already done by the transfer center).