Prehospital Notification of Severe Stroke
(Aphasia, Limb Drift with LSW < 24 hours)
- Ask for:
  - FSBS
  - LSW (Last Seen Well) time
  - ETA
- Hold CT scanner if < 24 hours and patient is nearby per MD judgement (i.e. <10 minutes transport time)
- Divert EMS to CT scanner if scanner is available
- Notify nursing and registration of patient ETA with plan

ED Evaluation:
Obtain LSW time within 5 minutes of ED arrival

LSW ≥ 24 hours?
- FSBSI
- Calculate NIHSS or rapid stroke assessment (aphasia, limb drift)
- Consider tPA exclusion criteria

Notify stroke team within 10 minutes of patient arrival

Acute blood?
- Yes
  - Hemorrhagic Stroke
- No
  - LSW < 6 hrs
  - Obtain CTA Head and Neck

Consider TPA
- LSW < 4.5 hrs
- BP < 185/100
- Review tPA contraindications
- DTN bolus < 45 min

Eval for EVT
- LVO on CTA or hyperdense vessel sign
- ASPECTS ≥ 6
- NIHSS ≥ 6
- mRS 0-1

Eval for Delayed-window EVT
- LVO on CTA or hyperdense vessel sign
- ASPECTS ≥ 6
- NIHSS ≥ 6
- mRS 0-1
- CTP
  - Core < 70 cc
  - Mismatch ≥ 1.8
  - Mismatch volume ≥ 15 ml

LSW 6-24 hrs
- Obtain CTA/CTP Head and Neck

Consider Wake-up MRI
- No LVO on CTA
- Disabling symptoms
- No infarct on HCT
- Age < 80
- No tPA contraindications

STAT MRI w/o contrast
- Perform within 3.5 hours of symptom recognition

Eval DWI/FLAIR mismatch?
- Yes
  - Administer tPA w/in 4.5 hours of symptom discovery
- No
  - Routine care

DISPOSITION
- All IV tPA / EVT patients will go to NSICU
- Consider ICU admission for the following:
  - MCA distribution infarct at risk for cerebral edema
  - Large cerebral infarct
  - Fluctuating symptoms requiring BP titration
  - LVO with low NIHSS who may deteriorate

*Call Neuro Reading Room at 4-6376. If no answer, call General Reading Room at 4-2788.