Acute Ischemic Stroke Protocol


Emergency Department Assessment
If time Last Known Well (LKW) < 24 hours, unknown or wake-up stroke, expedite to CT.
- EMS/RN/MD confirm S/S
- Obtain NIHSS
- Confirm stability
- Confirm glucose check >50 mg/dL
- MD order: non-contrast head CT
- 18g IV needed

Iodine (Contrast) Allergy
Emergent prophylaxis – Methylprednisolone – 40 mg IV every four hours until contrast study is complete.

Benadryl – 50 mg IV to be given by RN within ONE hour prior to exam.

If anaphylactic reaction, patient to have MRA and stroke protocol MRI. Use GAD for angio.

IMPORTANT
Patient needs CTA with CTP regardless if obtained from referring hospital for evaluation of LVO.

If patient arrives within 60 minutes of outside CTA/CTP, no need to repeat.

<table>
<thead>
<tr>
<th>Time from last Normal</th>
<th>Age Cutoff</th>
<th>NIHSS</th>
<th>CTA</th>
<th>CORE Volume</th>
<th>Mismatch Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 h^1,2,3,4,5</td>
<td>None</td>
<td>&gt;/=6</td>
<td>+</td>
<td>&lt;70 cc</td>
<td>&gt;1.8</td>
</tr>
<tr>
<td>6-16 h^6</td>
<td>None</td>
<td>&gt;/=6</td>
<td>+</td>
<td>&lt;70 cc</td>
<td>&gt;1.8</td>
</tr>
<tr>
<td>16-24 h^7 - &lt;80</td>
<td>10-19</td>
<td>+</td>
<td>&lt;31 cc</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>16-24 h^7 - &lt;80</td>
<td>&gt;/=20</td>
<td>+</td>
<td>&lt;51 cc</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>16-24 h^7 - &gt;/=80</td>
<td>&gt;/=10</td>
<td>+</td>
<td>&lt;21 cc</td>
<td>n/a</td>
<td></td>
</tr>
</tbody>
</table>

Favorable Penumbra
To IR for emergent thrombectomy.

Unfavorable Penumbra
Not optimal candidate for thrombectomy. May consider on an individual basis.

To contact the Stroke Neurology Service:
MercyOne Connect | 515-643-2071