

Ischemic Stroke

Grand Rounds
June 16, 16

Presented by Dr. Allison Lainey, PGY3
Summarized by Dr. Weersink, PGY1



@qmerg; qmerg.org

1

Use the NIHSS, ≥ 20 = severe

-LOC	-Motor leg
-LOC Questions	-Limb ataxia
-LOC Commands	-Sensory
-Best Gaze	-Best Language
-Visual Fields	-Dysarthria
-Facial Palsy	-Extinction & Inattention
-Motor Arm	

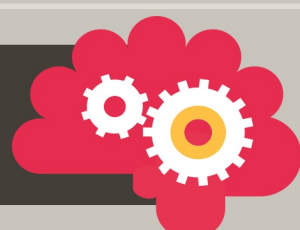
HIGHEST YIELD:

-Facial droop
-Arm weakness
-Abnormal speech



2

It's all about the PENUMBRA!



Thrombotic

[Atherosclerosis]

OR

Embolic

[Atrial Fibrillation]

3

Treatment

Resuscitate, Recognize, & Rule out mimics

CT head +/- CTA and

activate stroke protocol

tPA

EVT

7% risk of ICH

2/12 RCTs showed benefit

NOT great for proximal vessel occlusions



Localize clot [CTA]

5 RCTs showed benefit

Proximal vessel occlusions + good collateral flow

CAEP 2015:

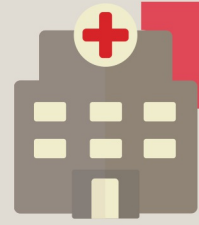
Offer if symptom onset < 3h + no CI
Consider if > 3h

AHA, CanStroke, AAN, Heart & Stroke 2015:

CTA first
Consider if proximal ICA/MCA lesions < 6h

ACEP 2015:

Offer if symptom onset < 3h
Consider if 3-4.5h



KGH

[IVR with Solitaire stent retrievers]

EVT Criteria:

1. Proximal anterior circulation clot
2. ASPECTS ≥ 6 , small ischemic core (CTA)
3. Good collateral circulation
4. Groin puncture within 6h
5. Regardless of tPA eligibility

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