ELVO IS IN THE HOUSE:
MOVING TO A STATEWIDE STROKE SYSTEM IN LOUISIANA
LARGE VESSEL OCCLUSION

- MR CLEAN
- ESCAPE
- EXTEND IA
- SWIFT PRIME
- REVASCAT

13-31% Disability Benefit
AHA MISSION LIFELINE

- LVO Triage Algorithm
- Bypass non-interventional EDs
- EMS Triage Tool
LVO TRIAGE TOOL

- VAN
- RACE
- C-STAT
- LAMS
- FAST-ED
- NIHSS
• Time Sensitive Illness
• Trauma
• STEMI
• Stroke
Louisiana Hospital Stroke Endovascular – Distance Buffer Map

[Map showing various areas marked with hospital buffer distances of 15, 30, and 60 miles, highlighting hospital locations, and labeled with parish names.]

July 18, 2017
STROKE DESTINATION PROTOCOL
The following protocol applies to patients with suspected stroke:

Compromise of:
- Airway
- Breathing
- Circulation

Closest ED

All other patients with suspected stroke: Determine time last seen normal (LSN) and screen for large vessel occlusion (LVO)

LSN < 6 hours* AND screen for LVO is positive

Transport to LERN Stroke Level I, II, or III Center

If < 15 minutes of additional transport time to reach Level I or endovascular capable Level II Center, transfer to the Level I or endovascular capable Level II Center

LSN > 6 hours OR screen for LVO is negative

Transport to LERN Stroke Level I, II, or III Center

If > 15 minutes of additional transport time to reach Level I, II, or III Center than to reach stroke capable Off Site ED, it is acceptable to transport to a stroke capable Off Site ED

* the LSN < 6 hours should include patients without a definite time of LSN, but who could reasonably be assumed to be within 6 hours of onset, including patients who wake-up with stroke symptoms

Guiding Principles:
- Time is the critical variable in acute stroke care
- Protocols that include pre-hospital notification while on route by EMB should be used for patients with suspected acute stroke to facilitate initial destination efficiency
- Treatment with Intravenous tPA is the only FDA approved medication therapy for hypotensive stroke
- EMB should identify the geographically closest hospital capable of providing tPA treatment
- Transfer patient to the nearest hospital equipped to provide tPA treatment
- Secondary transfer to facilities equipped to provide tertiary care and interventional treatments should not prevent administration of tPA to appropriate patients

LERN Communication Center: 1-866-320-8293
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Thrombectomy 6 to 24 Hours after Stroke with a Mismatch between Deficit and Infarct

NEXT STEPS

- Push to 24 hours post symptoms
- How many patients?
- How many will get the intervention?
- CSC vs PSC vs others?
- Availability based on geography