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

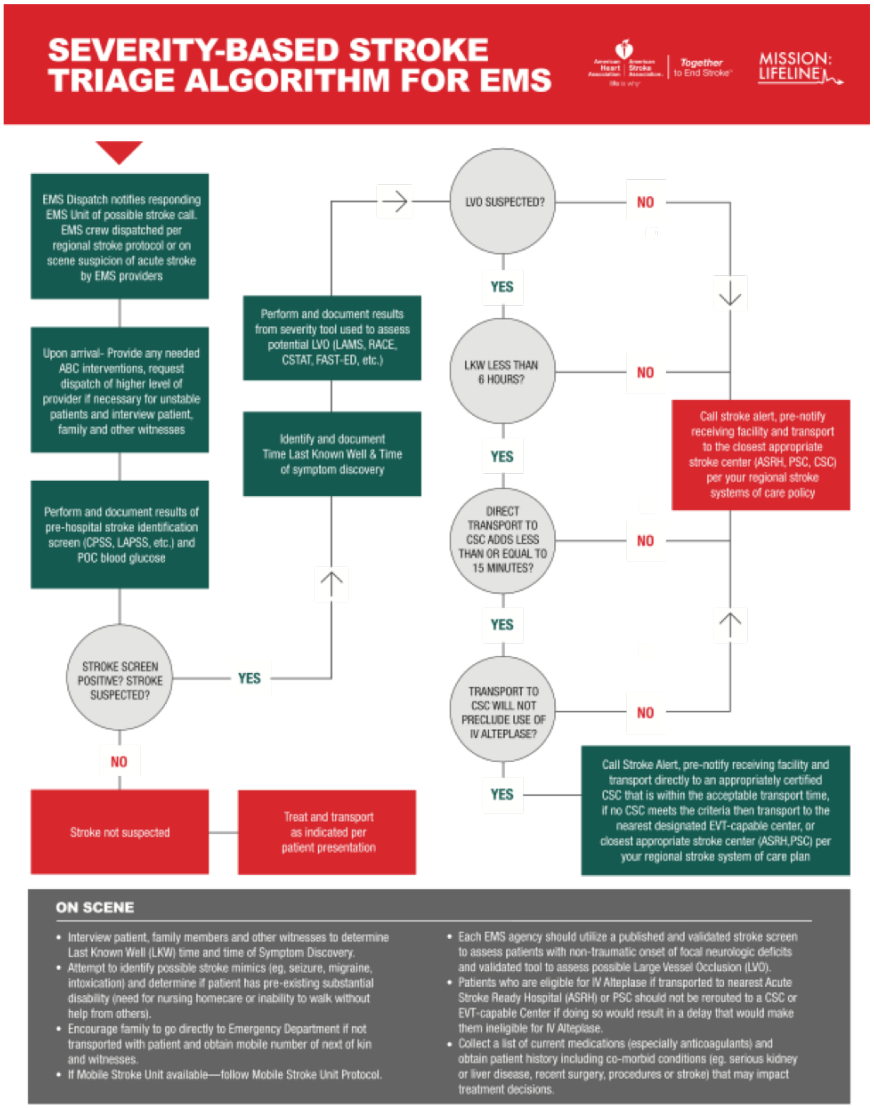
LARGE VESSEL OCCLUSION

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

13-31% Disability Benefit

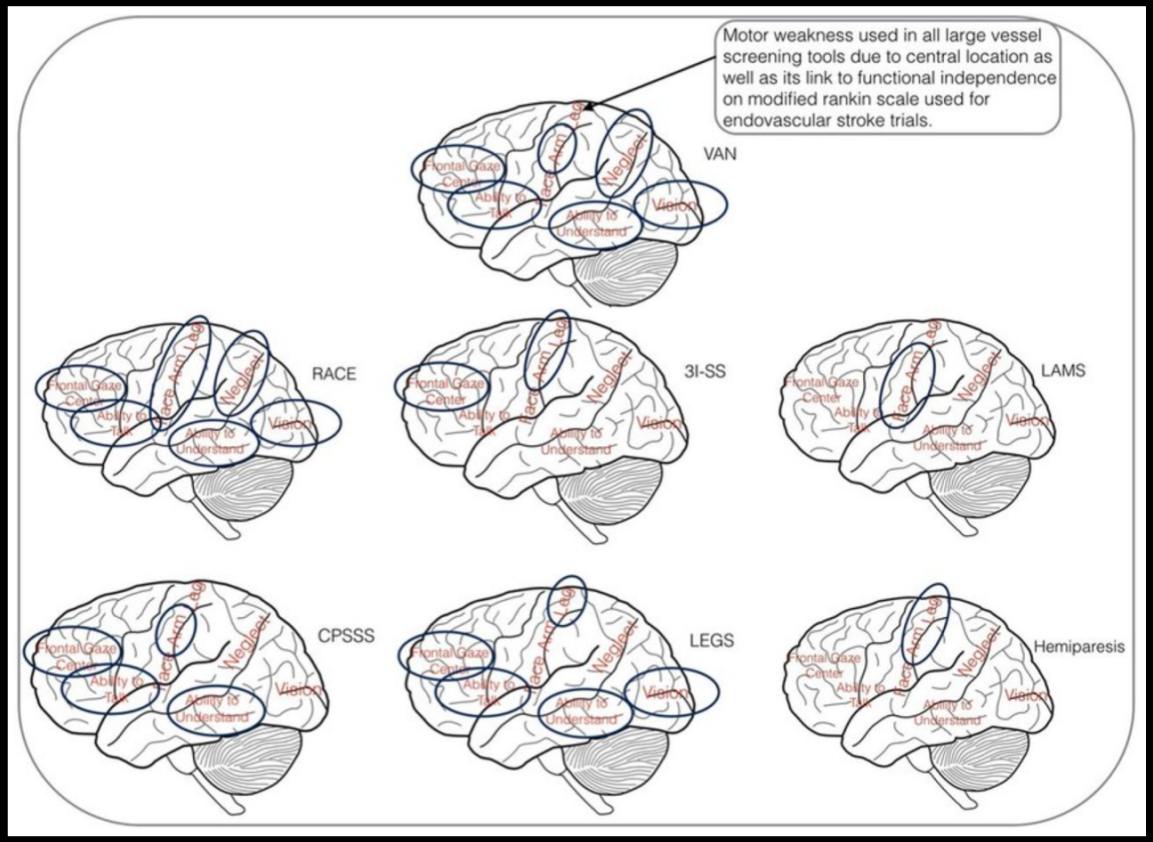
AHA
MISSION LIFELINE

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



LVO TRIAGE TOOL

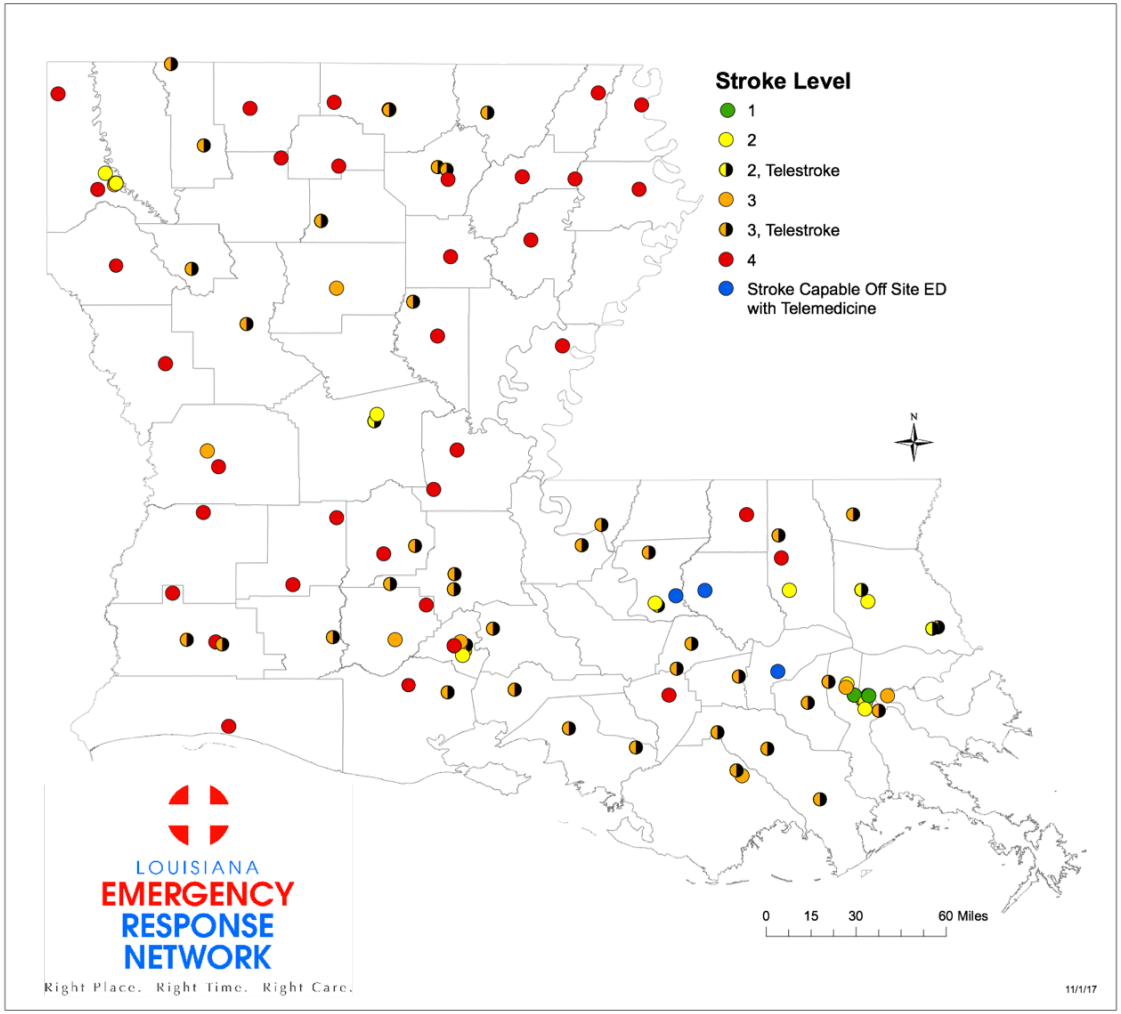
- VAN
- RACE
- C-STAT
- LAMS
- FAST-ED
- NIHSS



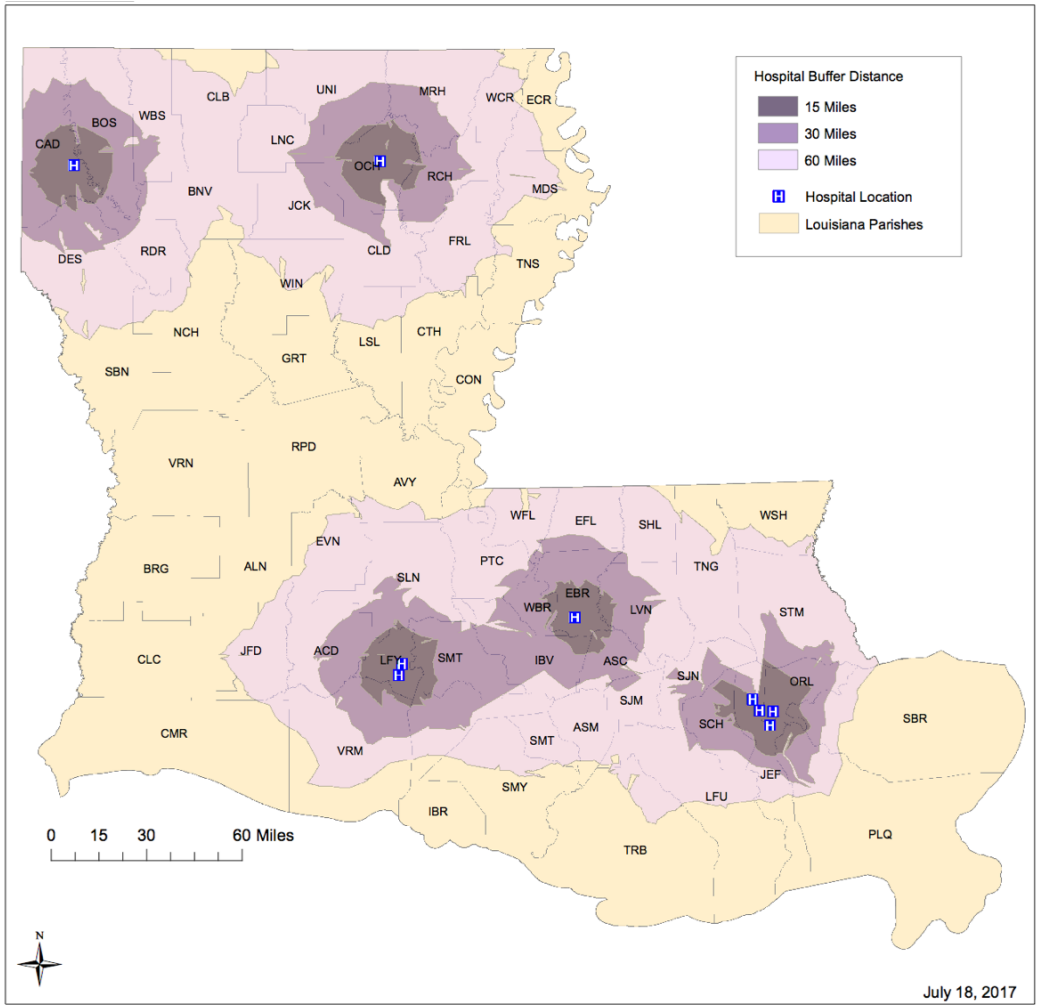
LOUISIANA
EMERGENCY RESPONSE NETWORK

- Time Sensitive Illness
- Trauma
- STEMI
- Stroke

LERN Stroke Level Attestations



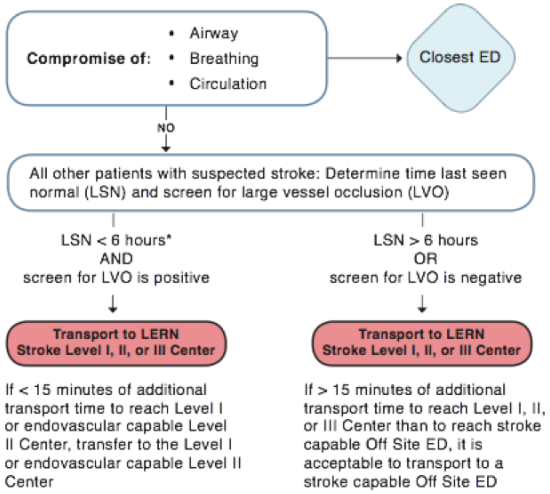
Louisiana Hospital Stroke Endovascular – Distance Buffer Map



LOUISIANA
EMERGENCY RESPONSE NETWORK

STROKE DESTINATION PROTOCOL

The following protocol applies to patients with suspected stroke:



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

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

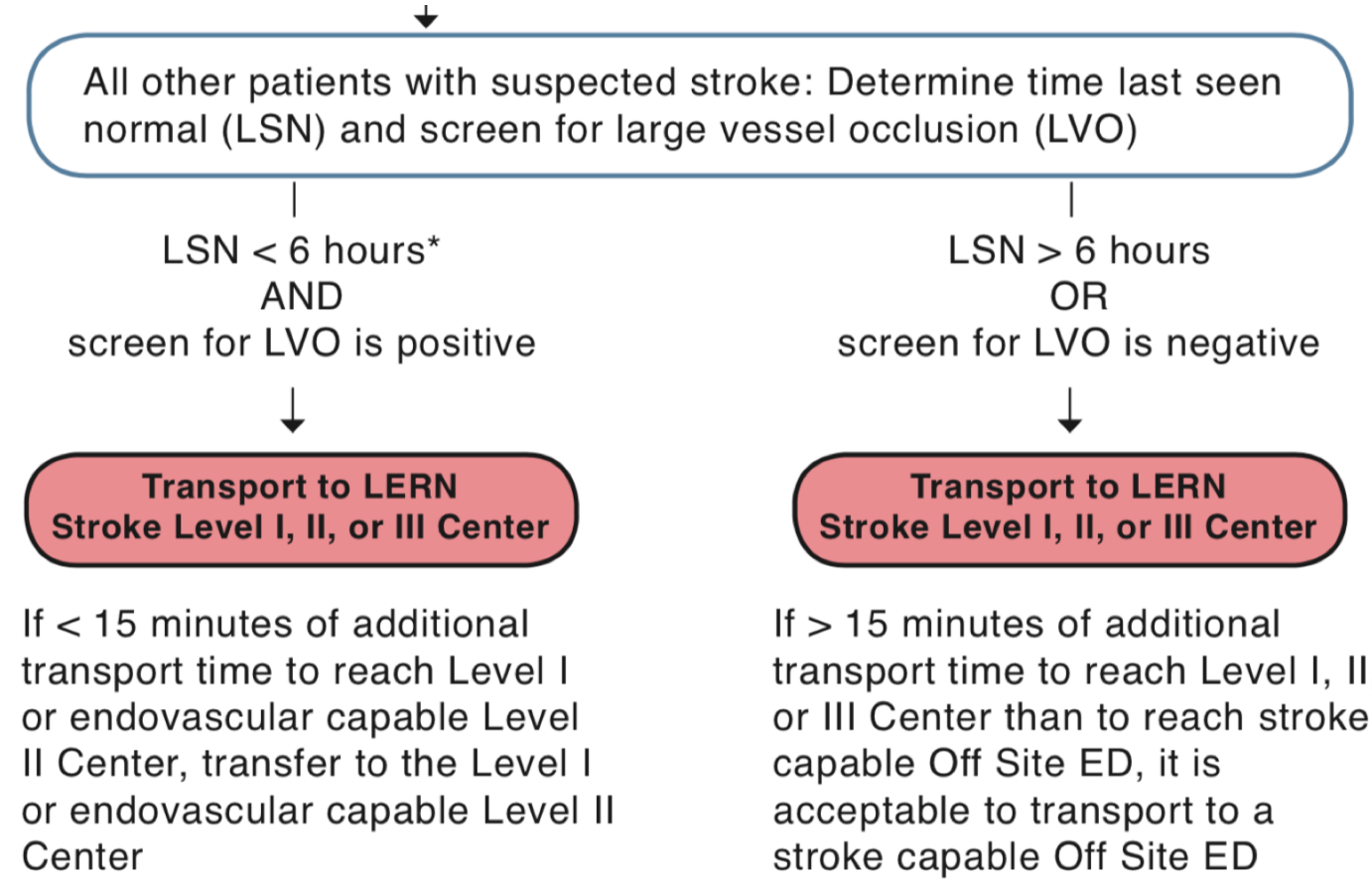
* the LSN < 6 hours should include patients without a definite time of LSN, but who could reasonably be assumed to be within 6 hours of onset, including patients who wake-up with stroke symptoms

Guiding Principles:

- Time is the critical variable in acute stroke care
- Protocols that include pre-hospital notification while en route by EMS 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 hyperacute stroke
- EMS 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

Adopted 4/20/2017

LERN Communication Center: 1-866-320-8293



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ORIGINAL ARTICLE

Thrombectomy 6 to 24 Hours after Stroke with a Mismatch between Deficit and Infarct

R.G. Nogueira, A.P. Jadhav, D.C. Haussen, A. Bonafe, R.F. Budzik, P. Bhuva, D.R. Yavagal, M. Ribo, C. Cognard, R.A. Hanel, C.A. Sila, A.E. Hassan, M. Millan, E.I. Levy, P. Mitchell, M. Chen, J.D. English, Q.A. Shah, F.L. Silver, V.M. Pereira, B.P. Mehta, B.W. Baxter, M.G. Abraham, P. Cardona, E. Veznedaroglu, F.R. Hellinger, L. Feng, J.F. Kirmani, D.K. Lopes, B.T. Jankowitz, M.R. Frankel, V. Costalat, N.A. Vora, A.J. Yoo, A.M. Malik, A.J. Furlan, M. Rubiera, A. Aghaebrahim, J.-M. Olivot, W.G. Tekle, R. Shields, T. Graves, R.J. Lewis, W.S. Smith, D.S. Liebeskind, J.L. Saver, and T.G. Jovin, for the DAWN Trial Investigators*

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