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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

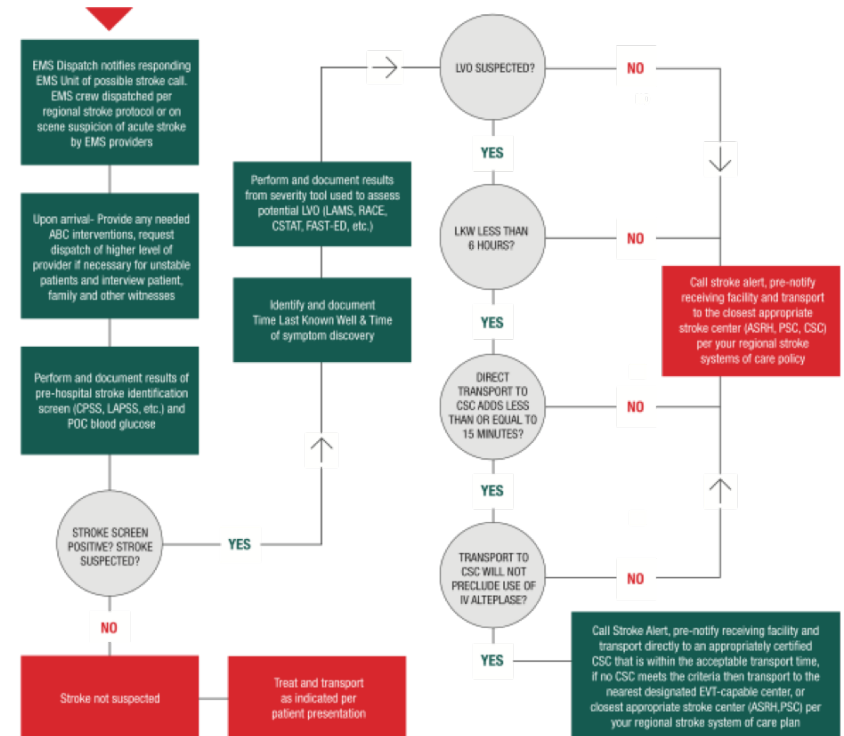
13-31% Disability  
Benefit



# AHA MISSION LIFELINE

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

## SEVERITY-BASED STROKE TRIAGE ALGORITHM FOR EMS

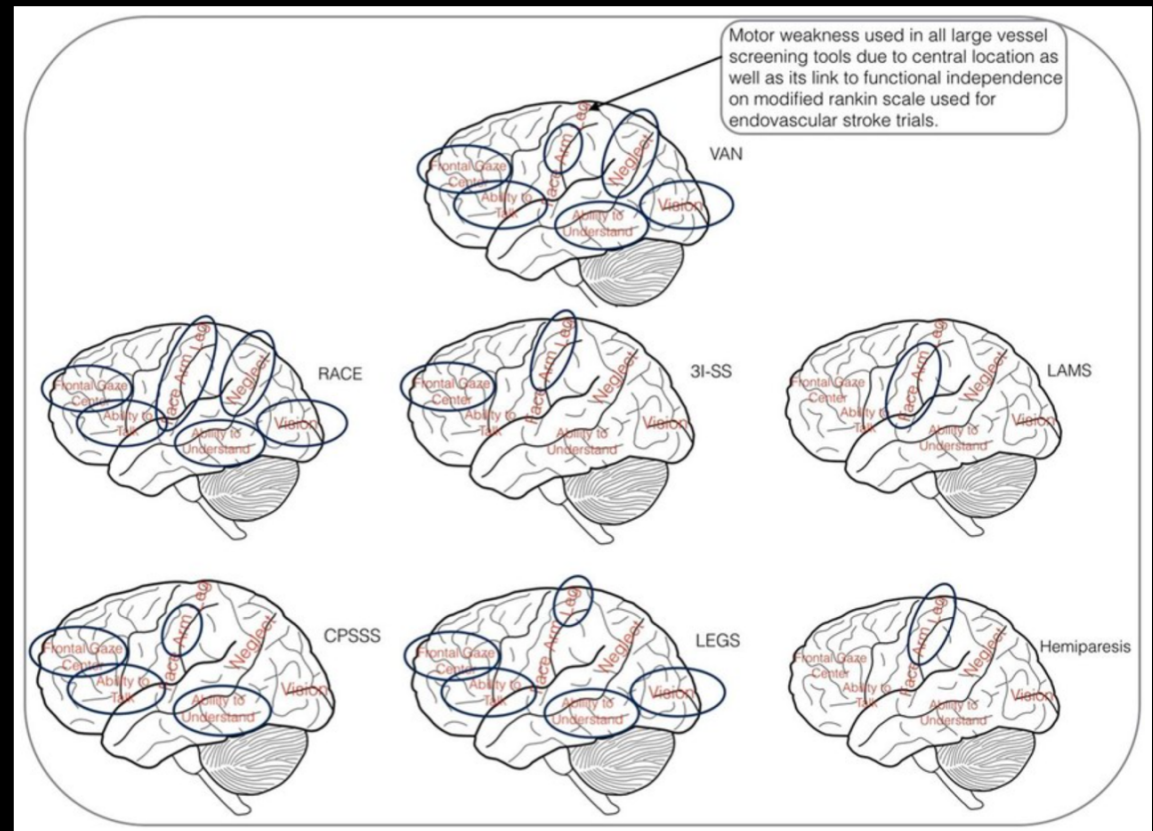


### ON SCENE

- Interview patient, family members and other witnesses to determine Last Known Well (LKW) time and time of Symptom Discovery.
- Attempt to identify possible stroke mimics (eg, seizure, migraine, intoxication) and determine if patient has pre-existing substantial disability (need for nursing home care or inability to walk without help from others).
- Encourage family to go directly to Emergency Department if not transported with patient and obtain mobile number of next of kin and witnesses.
- If Mobile Stroke Unit available—follow Mobile Stroke Unit Protocol.
- Each EMS agency should utilize a published and validated stroke screen to assess patients with non-traumatic onset of focal neurologic deficits and validated tool to assess possible Large Vessel Occlusion (LVO).
- Patients who are eligible for IV Alteplase if transported to nearest Acute Stroke Ready Hospital (ASRH) or PSC should not be recruited to a CSC or EVT-capable Center if doing so would result in a delay that would make them ineligible for IV Alteplase.
- Collect a list of current medications (especially anticoagulants) and obtain patient history including co-morbid conditions (eg, serious kidney or liver disease, recent surgery, procedures or stroke) that may impact treatment decisions.

# LVO TRIAGE TOOL

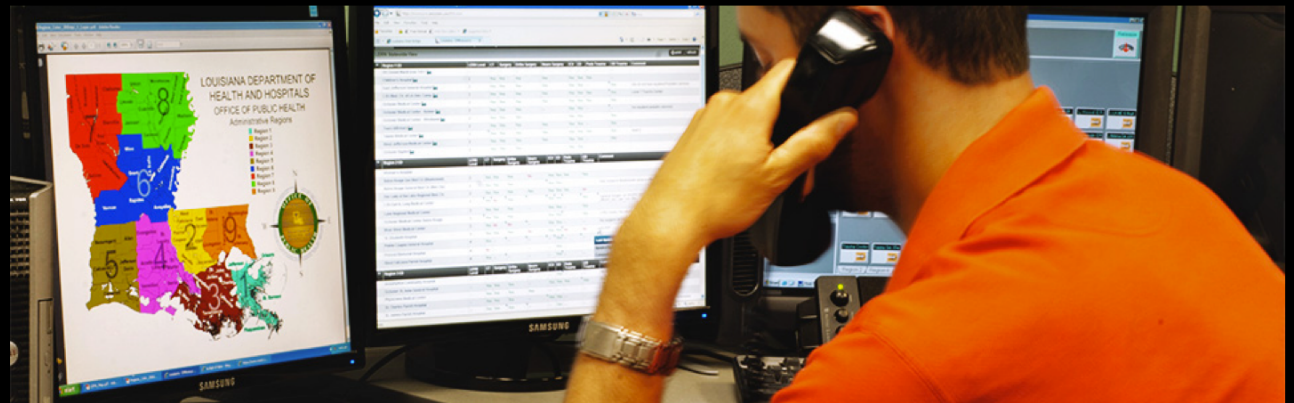
- VAN
- RACE
- C-STAT
- LAMS
- FAST-ED
- NIHSS



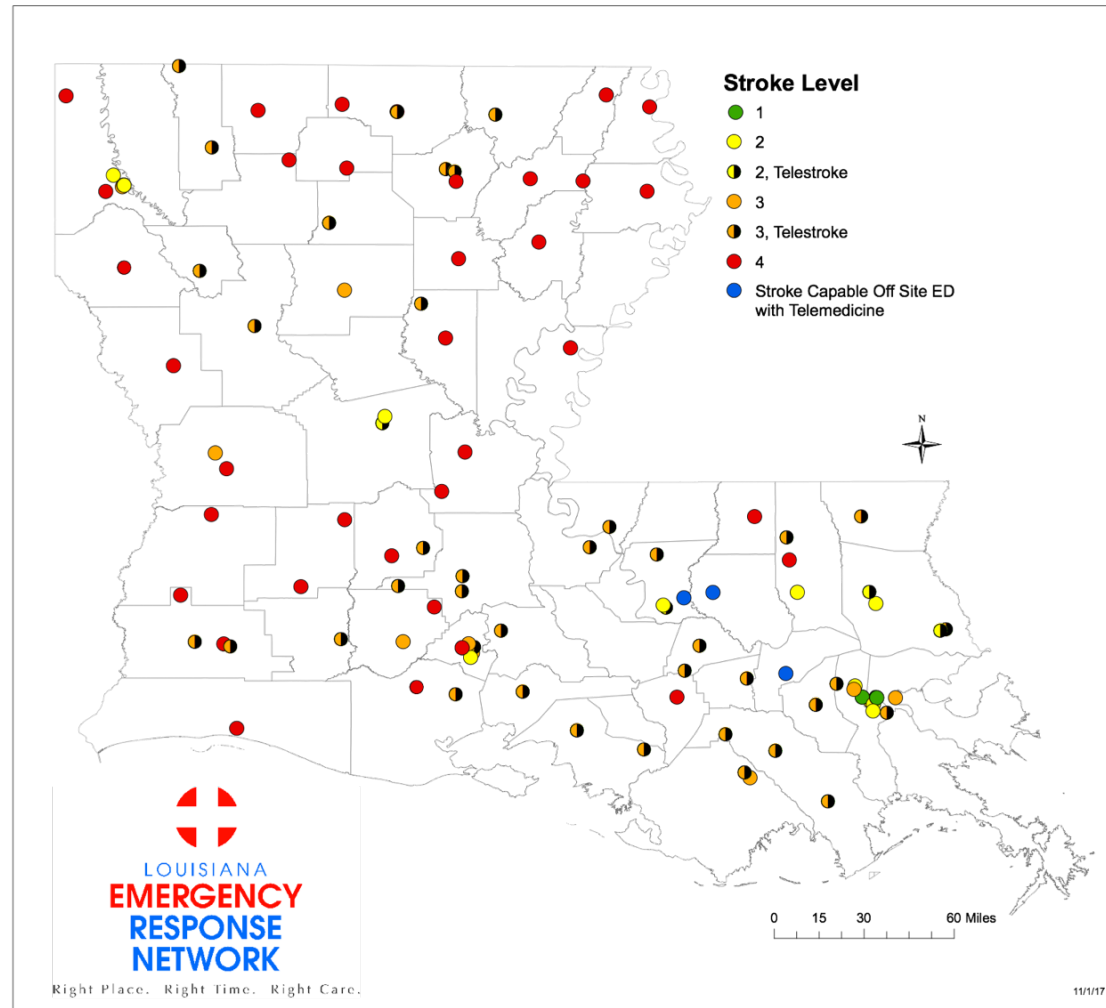


# LOUISIANA EMERGENCY RESPONSE NETWORK

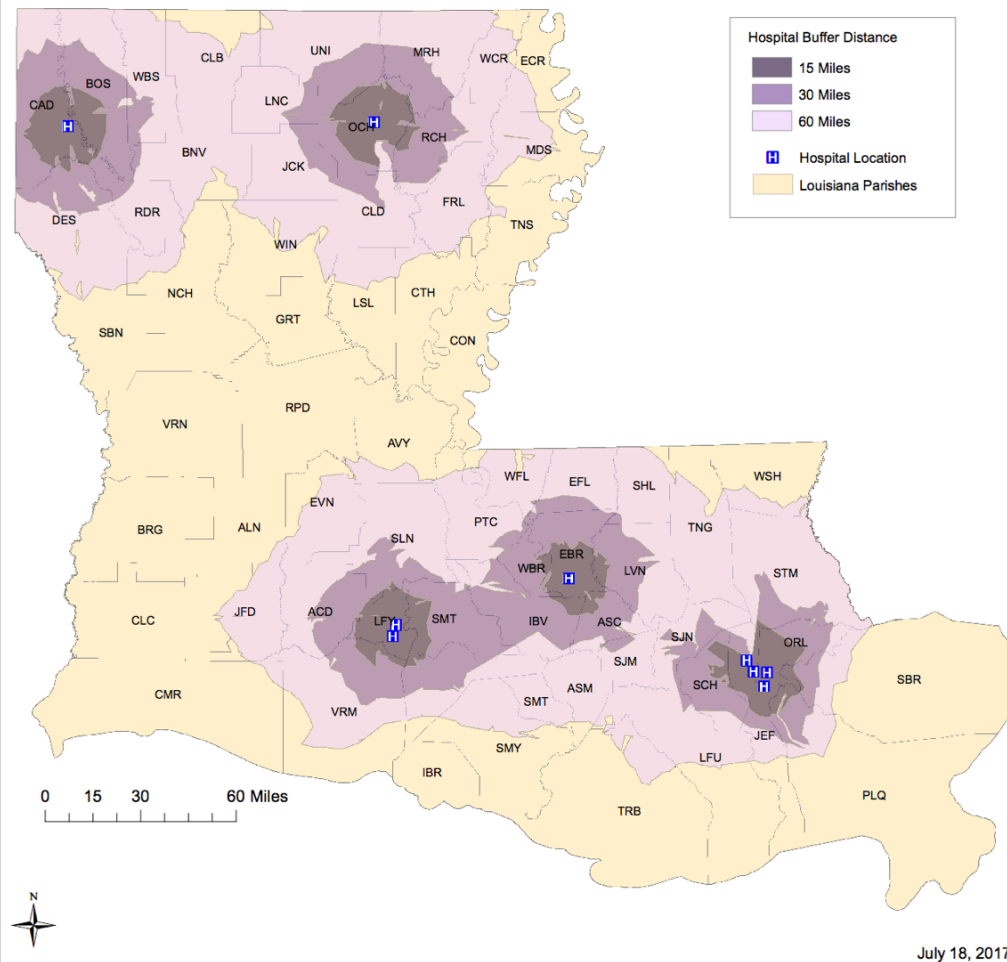
- Time Sensitive Illness
- Trauma
- STEMI
- Stroke



## LERN Stroke Level Attestations

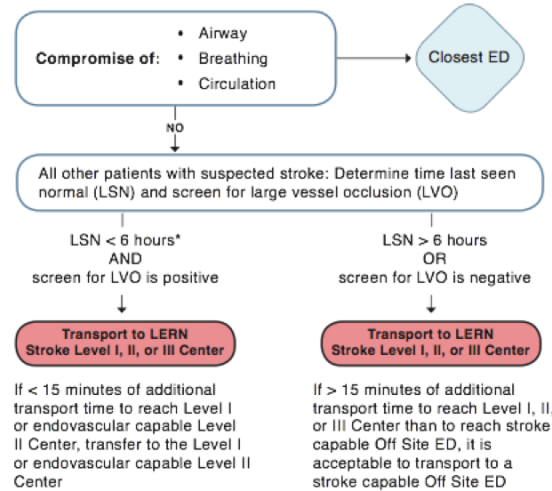


# Louisiana Hospital Stroke Endovascular – Distance Buffer Map



## STROKE DESTINATION PROTOCOL

The following protocol applies to patients with suspected stroke:



\* 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

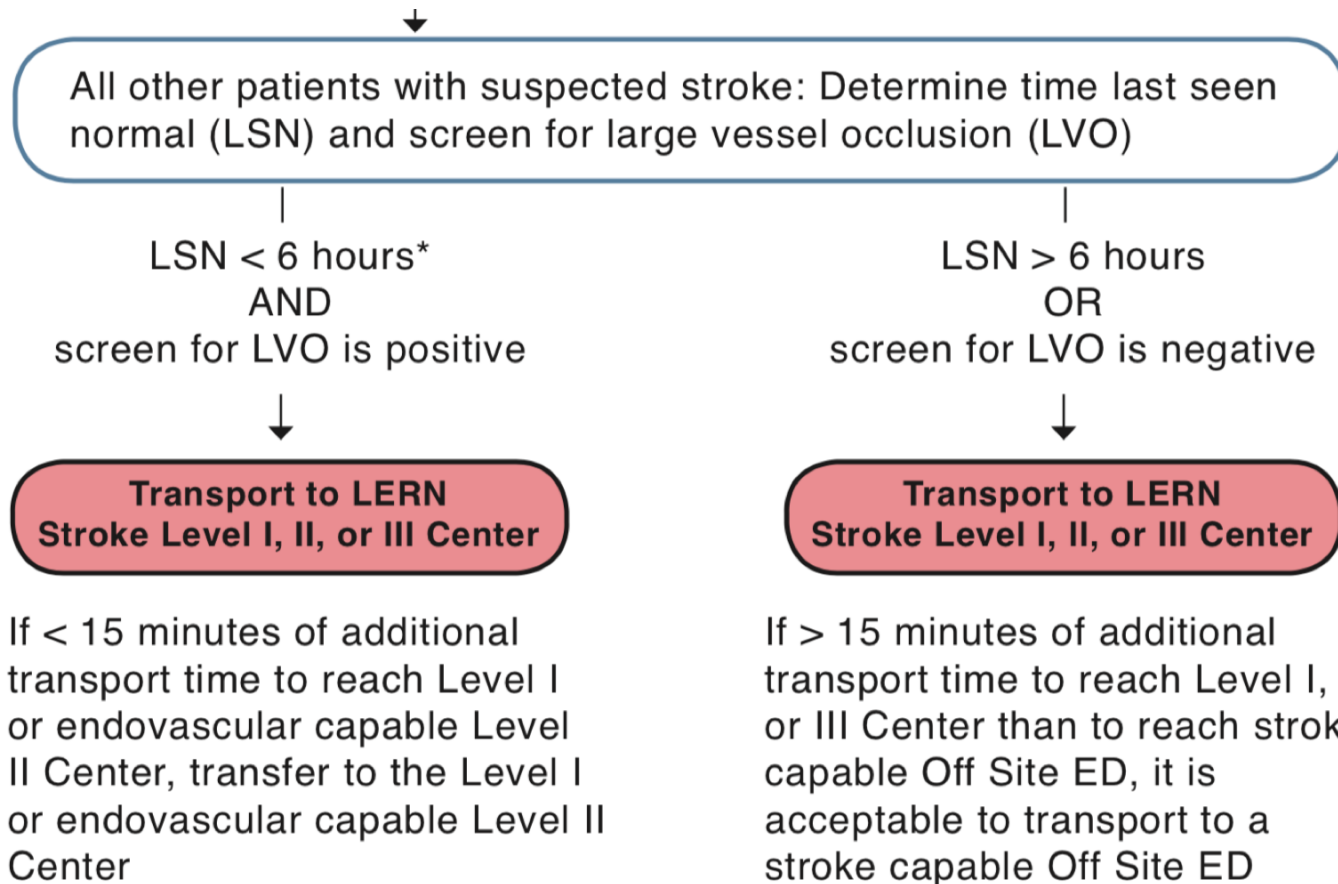
### Guiding Principles:

- 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

