Emergency Management of

Acute Ischemic Stroke in Adults

2025 Update

Intermountain Canyons, Desert, and Peaks Regions

This CPM serves as an interprofessional agreement to deliver care that results in the best outcomes by achieving the following goals:

- Increase access to thrombolytic and thrombectomy for ischemic stroke.
- Decrease time from ED arrival to intervention for ischemic stroke.
- Improve safety of acute intervention for ischemic stroke by reducing variation in the delivery of care.
- Improve clinical outcomes following a stroke.

Intermountain's quality of care for the treatment of ischemic stroke is measured against the following standards:

- **Joint Commission and DNV National Quality Measures**
- **Vizient**: Inpatient Mortality
- **American Heart Association**: Get With the Guidelines®; Time to Intravenous Thrombolytic Therapy
- **American Heart Association**: Get With the Guidelines®; Time to Door to Start of Device

Responsibility Matrix

CPM Responsibility Matrix			
	Content Updates	Measurement	Implementation and Adherence
Responsible	Neuroscience Clinical Program (NSCP)	Data Analytics	• NSCP • Emergency Med. Service Lines • TeleNeurosciences • Neuro. Service Lines
Accountable	NSCP	NSCP	
Consulted	• A&A Medical Specialties Clinical Program • Radiology • Pharmacy • Neuro Serv. Line • TeleNeuroscience	Data Analytics DTS	• Emergency Medicine Service Lines • Neuro. Service Lines • Radiology
Informed	Chief Clinical Program (CCP) Officer	CCP Officer	• CCP Officer • Clinical Programs Steering Committee

Intermountain Goals and Measures

- ED arrival to Stroke or TeleStroke activation
  - Goal: ≤10 minutes
- ED arrival to CT scan
  - Goal: ≤15 minutes
- ED arrival to IV thrombolytic
  - Goal: ≤60 minutes
    Stretch ≤45 minutes
- ED arrival to deployment of endovascular therapy (EVT) device
  - Goal: ≤90 minutes for direct ED arrival
  - Goal: ≤60 minutes for transferred patients
- Watch Metric. Rate of symptomatic hemorrhagic conversion of ischemic stroke after intervention.

Key Supporting Evidence

2019 AHA/ASA Guideline for Early Management of Acute Ischemic Stroke

Caregiver Resources

- *Intermountain Stroke Services*
- *IV Thrombolytic Exclusion Criteria*
- *NIH Stroke Scale (NIHSS) English/Spanish*
- *NIHSS AHA Learning Center*
- *Emergency Management of Acute Ischemic Stroke in Pediatrics*
- *Emergency Management of Non-Traumatic Intracerebral Hemorrhage CPM*
- *Transient Ischemic Attack CPM*
- *Neuro Stroke Dashboard*

Intermountain Health

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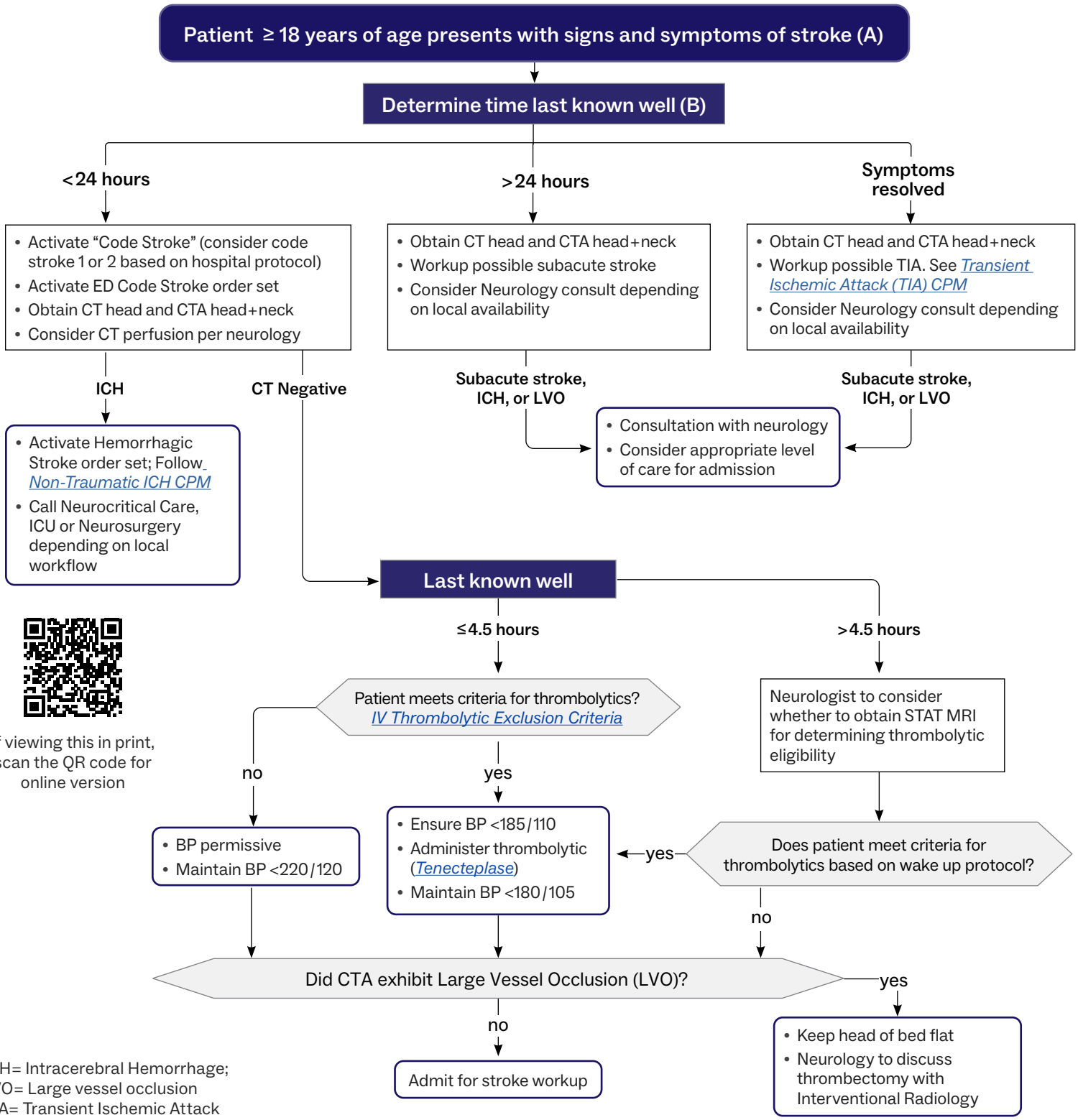

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ICH= Intracerebral Hemorrhage;
LVO= Large vessel occlusion
TIA= Transient Ischemic Attack

(A) BE FAST

- **B**alance: Sudden loss of balance or coordination
- **E**yes: Sudden loss of vision or double vision
- **F**ace: Sudden weakness of the face
- **A**rms: Sudden weakness of an arm or leg
- **S**peech: Sudden difficulty speaking
- **T**ime: Time the symptoms started

(B) Determine Time Last Known Well

Identify

- Time of last normal interaction with another person
- Bedtime and when patient awoke with deficits
- Patient-reported onset time, when this is dependable despite current deficits

Note: This document presents an evidence-based model of care that is appropriate for most patients. It should be adapted to meet the needs of individual patients and situations and should not replace clinical judgment. Send feedback to Intermountain's Neurosciences Clinical Program.

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