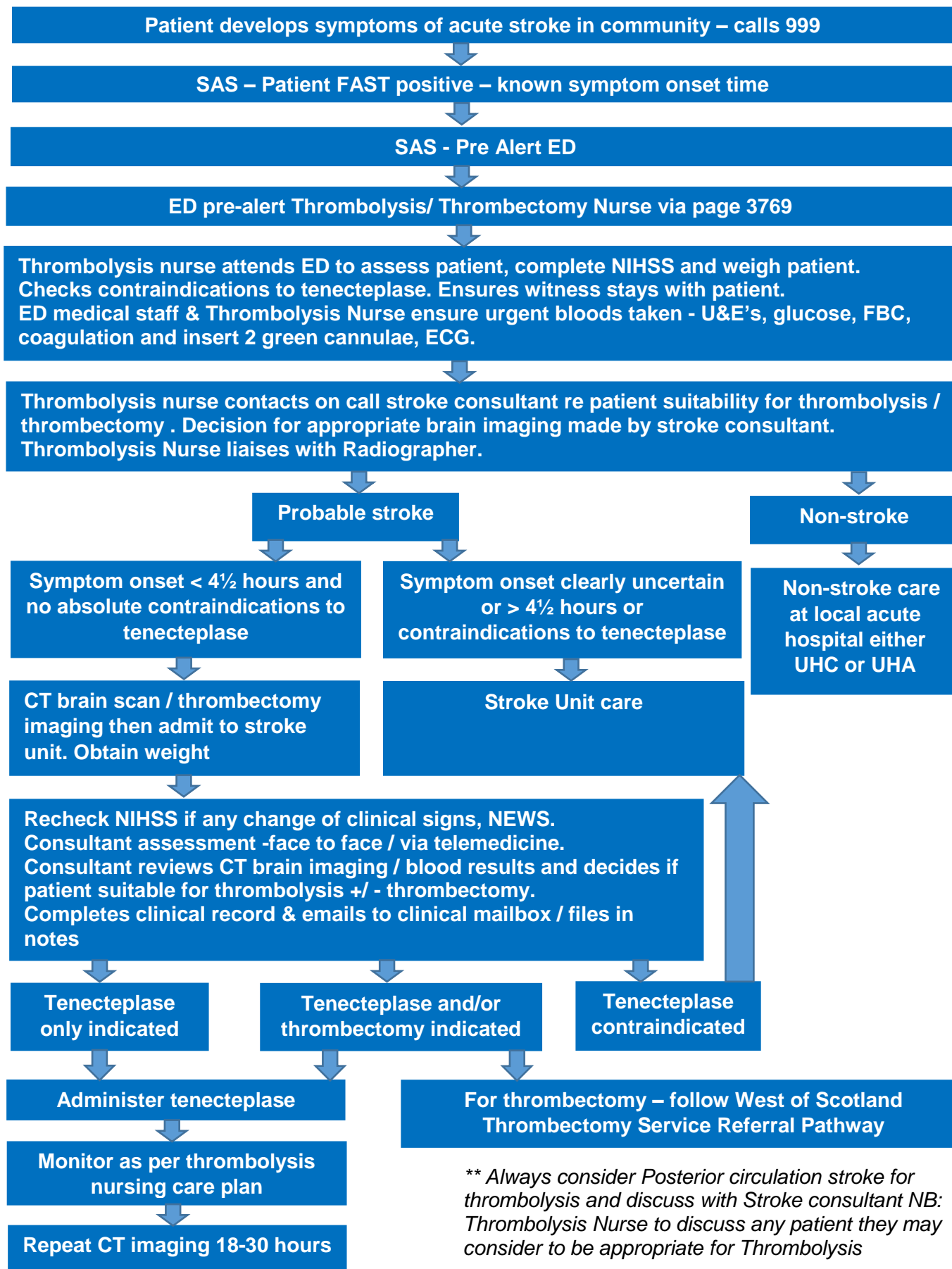


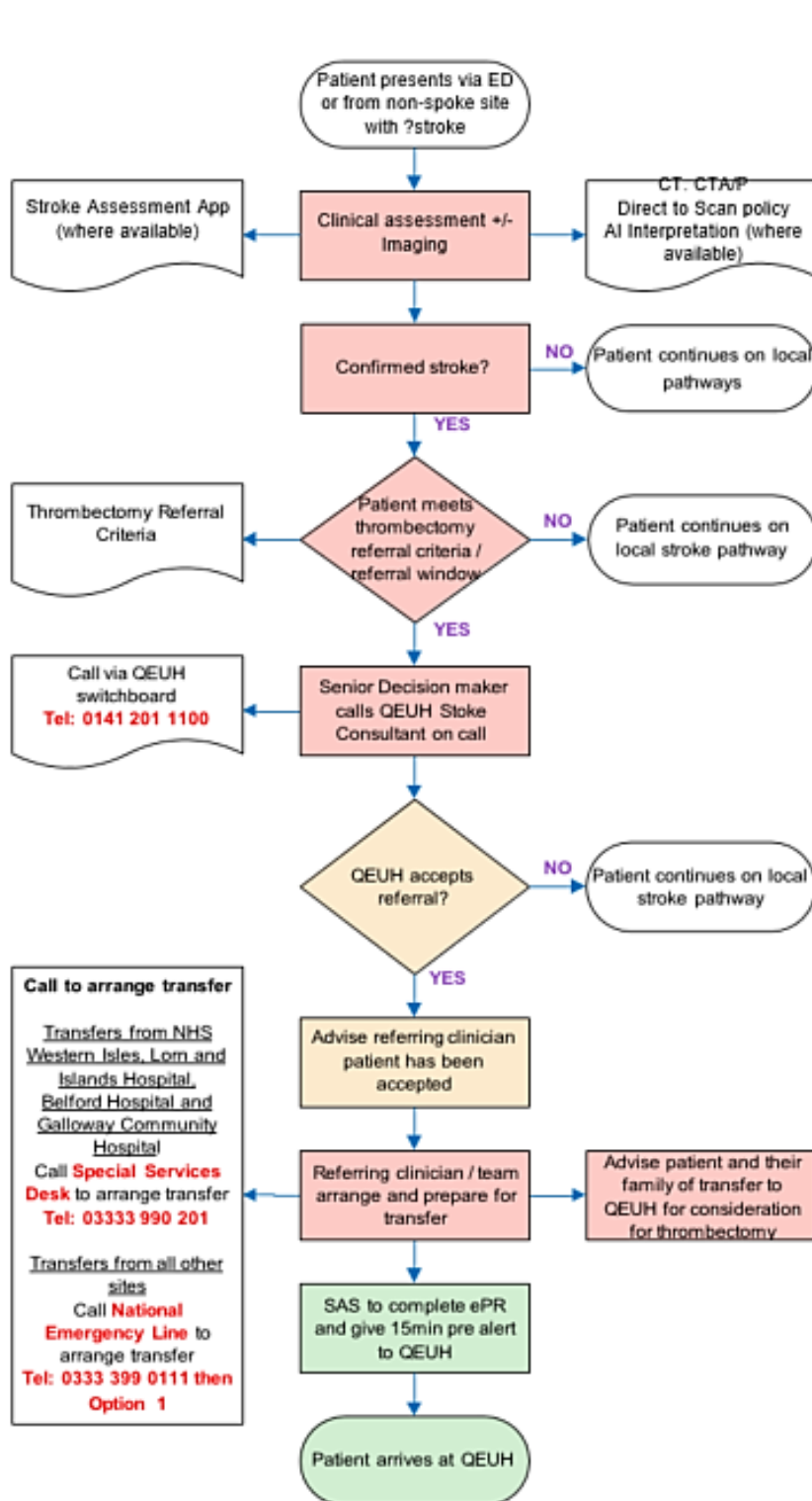
## Thrombolysis / Thrombectomy for Acute Ischaemic Stroke – Overview of Patient Pathway

**Target 30 minutes for 'door to needle time'**



# West of Scotland Stroke Thrombectomy Service Referral Pathway

Version 1.5 19 Dec 2024



KEY - Lead Team	
<span style="background-color: #d9ead3; border: 1px solid black; padding: 2px;"></span>	SAS
<span style="background-color: #f4cccc; border: 1px solid black; padding: 2px;"></span>	Spoke Team
<span style="background-color: #fff2cc; border: 1px solid black; padding: 2px;"></span>	Hub Team

## Notes

Thrombectomy should not prevent the initiation of thrombolysis when indicated.

### Thrombectomy Referral Criteria

For anterior circulation stroke, if ALL of the following criteria are answered YES then patient meets referral criteria for thrombectomy:

- Aged  $\geq 18$
- Pre morbid MRS 0-2
- NIHSS  $\geq 5$  or NIHSS  $< 5$  with disabling symptoms e.g. aphasia
- Large vessel occlusion: ICA/M1/M2 or Proximal A1
- Presentation within 24 hours of symptoms or last well seen
- Fit for transfer to hub
- No haemorrhage or relevant non-stroke pathology on CT brain
- ASPECTS score on CT head scan  $> 5$
- CTP (beyond 6hrs or unknown onset) – core volume  $< 70\text{mls}$
- No severe cardiorespiratory issues which would prevent general anaesthesia

For posterior circulation stroke, if ALL of the following criteria are answered YES then patient meets referral criteria for thrombectomy:

- Aged  $\geq 18$
- Pre morbid MRS 0-2
- Presentation within 24 hours of symptoms or last well seen
- Fit for transfer to hub
- Large vessel occlusion – basilar or dominant vertebral artery
- No severe cardiorespiratory issues which would prevent general anaesthesia

Based on CT head and CTA within 6 to 12 hours of symptom onset/last seen well, the decision to proceed with Thrombectomy is on an individual basis following discussion with the stroke consultant at the Hub/QEUF.

Any other suitable patients for thrombectomy out-with above criteria - senior referring clinician to discuss with QEUF stroke consultant.

### How to Make the Referral

Referral to the hub should be made by the responsible consultant on call for the spoke unit

Referral to be made to the QEUF Stroke Consultant on call – Contact via QEUF switchboard on call telephone number **0141 201 1100**

### Arranging Transfer to the Hub

Advise call handler that a **time critical, paramedic led transfer for thrombectomy** is required - this will ensure a red response.

Once a patient has been accepted for referral to the Hub, the Spoke Unit should inform the patient and their family that they are being transferred to QEUF for consideration for thrombectomy.