



Concept – Every patient falls into one of three categories for IV lytic and for thrombectomy

1. Known to be in the window for treatment
2. Known to be out of the window for treatment
3. Possibly in the window for treatment – this is standard-of-care – you must provide standard-of-care OR emergently transfer to a hospital where standard-of-care can be provided

Each time you see a patient with suspected stroke, determine which of these categories applies to the patient.

IV lytic eligibility	Time criteria	Imaging requirement	Notes
Known to be in the window for treatment	Known time of stroke onset Presents <4.5hrs from time of stroke onset	CT head without contrast to rule out hemorrhage or mimic	If potentially disabling deficits are noted and no standard contraindication to treatment, the patient should be offered IV lytic.*
Possibly in the window for treatment	Unknown time of stroke onset AND presenting <4.5hrs from time stroke symptoms were noted Known time of stroke onset, 4.5-9hrs from onset	CT head without contrast to rule out hemorrhage or mimic; MRI brain with DWI+/FLAIR- OR CTP with functionally relevant penumbra	Reasonable to skip CT head, if MRI is immediately available, but do not delay detection of ICH
Known to be out of the window for treatment	Presenting >9hrs from time stroke symptoms were noted	CT head without contrast to rule out hemorrhage or mimic	

*The risks, benefits and alternatives should be reviewed with the patient or surrogate, if available.



Thrombectomy eligibility*	Time criteria	Imaging requirement	Notes
Known to be in the window for treatment	Known time of stroke onset Presents <6hrs from time of stroke onset	CT head without contrast CTA head and neck (if available at site)	Should initiate emergent transfer for all VAN+ patients in this window; can cancel, if CTA does not support target LVO
Known to be out of the window for treatment	Presents >24hrs from time stroke symptoms were noted	CT head without contrast CTA head and neck (if available at site)	A small subset of these patients may still benefit from thrombectomy using advanced imaging and under the direction of a stroke specialist
Possibly in the window for treatment	Presents 6-24hrs from time stroke symptoms were noted	CT head without contrast CTP (if available at site) CTA head and neck (if available at site) OR MRI/MRA (if available at site and suspected posterior circulation LVO)	Should initiate emergent transfer for all VAN+ patients in this window; can cancel, if CTA does not support target LVO or CTP or MRI shows a completed stroke

*All patients who are VAN + and/or have depressed LOC without a clear cause should be considered thrombectomy candidates until proven otherwise.