Memorial Hermann Stroke System Endovascular Protocol for Acute Stroke Intervention

The following criteria describe patients considered to be good candidates for endovascular therapy (EVT) based on the latest endovascular trials. For patients that meet the criteria, please see the EVT Activation Process guideline in the – Memorial Hermann Clinical Practice Guidelines.

The final decision to proceed with intervention will be made by the treating endovascular physician. Inclusion or exclusion of specific patients for intervention, and/or deviation from the following protocol will be at the discretion of and after a discussion between the stroke neurology team and treating endovascular physician.

Early time window (0-6 hours) presenters (HERMES meta-analysis\(^1\)).

**Anterior Circulation:**
- NIHSS ≥ 6 at presentation
- Confirmed intracranial occlusion based on CTA/MRA in anterior circulation (intracranial ICA, M1, proximal M2)
- ASPECTS ≥6
- Good functional status: pre-stroke mRS (0-2)

**Posterior circulation strokes:**
- Confirmed intracranial occlusion based on CTA/MRA in basilar artery
- Extensive brainstem infarction not evident by clinical findings and/or neuroimaging

Late time window (6-24 hours) presenters (DAWN\(^2\), DEFUSE 3\(^3\), TRACK4, NASA5, SNIS Guidelines\(^6\))

**Anterior Circulation:**
- NIHSS ≥ 6 at presentation.
- Confirmed intracranial occlusion based on CTA/MRA in anterior circulation (intracranial ICA, M1, proximal M2)
- Evidence of significant mismatch on clinical exam + imaging (CT/MRI) or perfusion imaging (CT perfusion or MR perfusion.)
- Good functional status: pre-stroke mRS (0-2).

**Posterior circulation strokes:**
- Basilar occlusion by CTA/MRA.
- Extensive brainstem infarction not evident by clinical findings and/or neuroimaging.

References: