

WHO GETS WHAT

BY TIME FROM LKW

Suspected stroke. Check glucose · straight to CT (+ CTA same trip) · NIHSS · set LKW

Blood on CT?

YES ► **ICH pathway (back)**

NO BLEED: TIME FROM LAST KNOWN WELL

0–4.5 h

LYTIC WINDOW

Disabling deficit and no
contraindication?

YES

**TNK 0.25
mg/kg
(max 25)**

NO

NIHSS ≤ 3 ,
non-
disabling:
DAPT × 21 d

LVO on CTA?

**EVT. Don't wait to see lytic
response**

4.5–24 h

IMAGING SELECTS

CTA + perfusion (or MRI)

LVO and meets DAWN /
DEFUSE-3?

EVT

4.5–9 h or wake-up with
salvageable tissue:
consider lytic

>24 h

LATE

No lytic, no routine
EVT

Aspirin within 48 h,
stroke workup

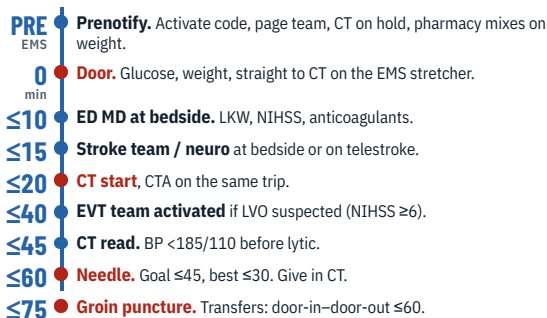
All ischemic strokes: aspirin 160–325 mg within 24–48 h. After a lytic, wait 24 h and repeat imaging first.

DEFUSE-3: 6–16 h, NIHSS ≥ 6 , core < 70 mL, mismatch ≥ 1.8 . **DAWN:** 6–24 h, NIHSS ≥ 10 with small core (clinical–core mismatch). Adapted from NEJM 2020 algorithm.

THE CLOCK

DOOR-TO-TREATMENT GOALS

RUN IT IN PARALLEL, NOT IN SERIES



ICH PATHWAY

Blood on CT. Stop antithrombotics. No lytic.

SBP ~140 (130–150) within 1 h. Avoid <130 and big swings. Nicardipine or clevidipine drip.

Reverse now

Warfarin 4F-PCC (INR-based) + vitamin K 10 mg IV

Xa inhibitor Andexanet alfa, or 4F-PCC 50 units/kg

Dabigatran Idarucizumab 5 g IV

Heparin Protamine 1 mg per 100 units (last 2–3 h)

Neurosurgery consult · HOB 30° · neuro ICU