Acute Ischemic Stroke

Hyperacute stroke workflow

Neurology | PHYSICIAN REFERENCE

Immediate

- Last-known-well time, NIHSS-style deficit assessment, bedside glucose, urgent noncontrast CT; CTA when large-vessel occlusion evaluation is appropriate.

Reperfusion

- IV thrombolysis and mechanical thrombectomy eligibility are time- and imaging-dependent; activate stroke pathway early.

Support

- Avoid unnecessary BP reduction before reperfusion decisions; screen swallowing and manage fever/glucose/oxygen appropriately.

Clinical safety note

Use this as a memory aid, not a prescription. Verify current guidelines, local protocols, contraindications, renal/hepatic dosing, pregnancy status, interactions and patient-specific factors before treatment.