The Leeds Teaching Hospitals NHS Trust

Stroke Thrombectomy

Immediate Action

- Avoid and minimise hypotension – even for short durations
- Minimise delay until clot evacuation
- Support airway, breathing and circulation - assess neurology
- Begin continuous BP monitoring
- Obtain IV access
- Measure blood sugar
- Aim for a SBP and MAP > than presenting BP

Useful Drugs

Labetalol	
Dose	20mg Bolus – assess response
Infusion	4ml/hr (20mg/hr) and titrate to effect
Glyceryl Trinitrate	
Infusion	0-10 mL/Hr
Metaraminol	0.5mg/ml
Infusion	0-30ml/hr

Ongoing Management 0-15 mins

Airway Protection

- Prepare to secure airway if risk of obstruction or soiling
- Organise trained staff and equipment for RSI

Assessment

- Prepare for transfer - CT head & Interventional Radiology
- Baseline investigations at the bedside – A/VBG & Glucose
- Draw bloods – FBC, U&E, Clotting

Monitoring

- Continuous ECG monitoring as patients are at risk of arrythmias
- Arterial pressure can be monitored from groin catheter side arm
- Insert a urinary catheter

Ongoing Management 15-30+ mins

Blood pressure Targets

- SBP≥ 140mmHg ≤180 mmHg
- DBP ≤110 mmHg
- Post evacuation – Patient's baseline.

Blood Sugar

- Aim for a blood sugar between 4-11mmol/L in the acute phase

Nasogastric

- If possible and no contraindications insert a NG feeding tube

Consideration of place of safety post-operative

- Organise a Hyperacute Stroke (HASU) Bed in patients who have been safely extubated