Managing a Patient With Large Hemispheric Infarction (LHI)

Key Considerations Along the Route

1. EMS Evaluation
2. Transfer of Patients
3. Diagnosis
4. Management and Monitoring
Goal: Train personnel to rapidly evaluate and stabilize patients

- Assess airway, breathing, and circulation
- Obtain medical history (eg, time of symptom onset)
- Use prehospital assessment tools (eg, LAPSS, RACE, FAST-ED)
- Communicate necessary information to receiving hospital in a timely manner

Goal: Establish protocols to transfer patients to appropriate acute care facility

- Establish transfer protocols on basis of
  - Neuroimaging capabilities
  - Availability of specialists and access to telestroke
  - Stroke severity/time of symptom onset

 Goal: Assess clinical and neurological characteristics

- Conduct neurological exam to evaluate neurological deficit
- Perform neuroimaging to assess lesion size/location and presence of LVO
  - NCCT can exclude intracranial hemorrhage and stroke mimics
  - CTP helps identify patients for reperfusion treatment
  - DW-MRI is sensitive and specific in identifying acute infarctions

Goal: Prevent progression from LVO to LHI

- Perform thrombectomy in appropriate patients within recommended timetables
- Monitor clinical status (NIHSS, Glasgow coma scale, oculomotor exam) to assess disease progression
- Assess need for DHC to relieve high ICP; this procedure may increase the likelihood of survival and offer positive patient outcomes

Providing prompt feedback to the multidisciplinary stroke team on protocols and procedures may improve patient outcomes