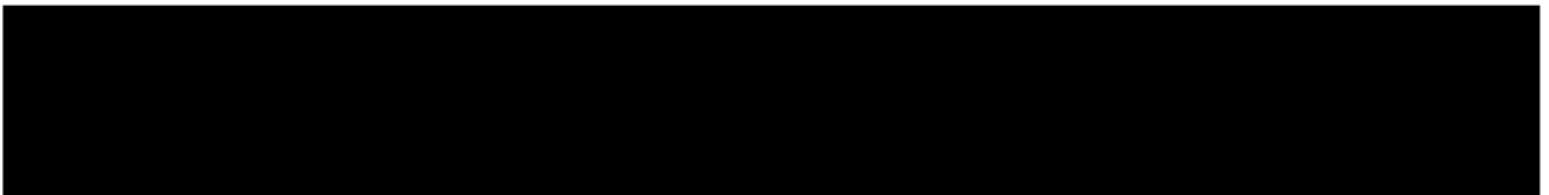
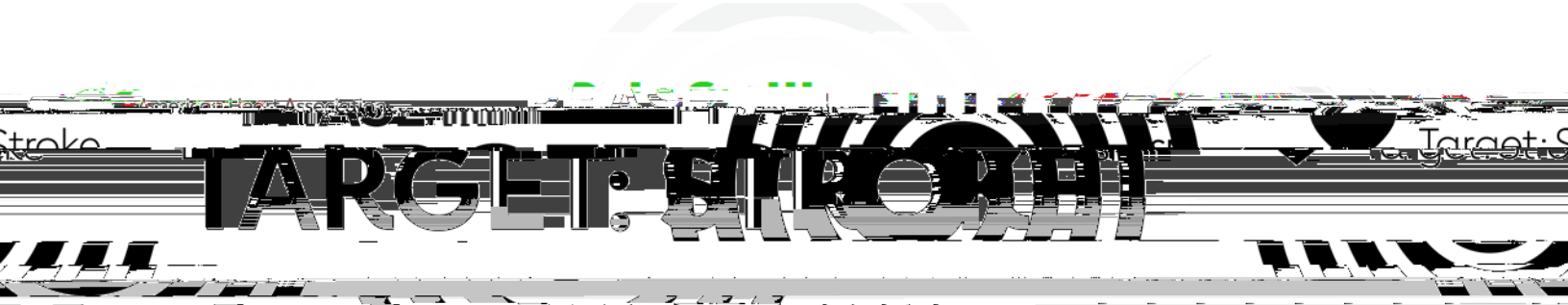




Target: Stroke advocates the adoption of these 12 key best practice strategies for reducing door-to-device times for endovascular therapy in acute ischemic stroke.

1. **Rapid Administration of Alteplase:** Follow Target: Stroke Phase I and II Key Best Practice Strategies for rapid assessment, diagnostic imaging, and, if indicated, administration of alteplase: EMS prenotification, stroke toolkits, rapid triage and stroke team notification, single call activation system, transfer directly to CT s





8. **Transfer Directly from Brain Imaging Suite to Neuroangiography Suite:** Stroke patients eligible for endovascular therapy should be directly transported from the CT/MR imaging suites to the neuroangiography suite, if ready to receive the patient, without returning to the Emergency Department.⁵
9. **Endovascular Therapy Ready Neuroangiography Suite:** Have policies and protocols in place to have the neuroangiography suite in an endovascular therapy ready state at all times. This includes standardized, pre-prepared equipment tray/cart for endovascular therapy cases that includes all necessary equipment for the case (e.g. BRISK: Brisk Recanalization Ischemic Stroke Kit, with drapes, tubing, syringes, catheters, and devices). Institutions should have a standardized endovascular technique as a first line approach to endovascular therapy (consensus between all operators) so that the nursing staff do not have to vary equipment/tools based on the person on call.⁶⁻⁹⁹

l(R (l)-p (5 (h).8.8 (o)-2 a6.7 (e)--2.6 (r)-5.2 (q)-11.2 (e)-mb (u)-5.2 (q)-11.2 (2)-5.2 (1)-9.1 (2)-y.7 (,.)Ap-2.6 (r)-14 ((a dp-2.6 (r)-c.8 (a)13.7 (u)-3.3 (a 11.7 (

