



Protocol for CTA in Acute Ischemic Stroke

- All patients presenting with focal neurologic deficits within 6 hours of Last Known Well should undergo unenhanced CT Head and CTA Head and Neck.
- Baseline Creatinines are not required with the following EXCEPTIONS :
 1. Known history of renal failure or recent serum creatinine measurement that exceeded 2.0
 2. History of kidney disease as an adult, including tumor or transplant surgery
 3. Family history of kidney failure
 4. Insulin-dependent diabetes mellitus of \geq 2-year duration; paraproteinemia syndromes or multiple myelomas;
 5. Known collagen vascular disease
 6. Current usage of metformin, aminoglycosides, or nonsteroidal anti-inflammatory drugs
- ED provider and Neurologist may consider forgoing checking a baseline creatinine in the above groups of patients after discussion with patient and/or family.
- Obtaining proper IV access (18-20 ga) should not be allowed to add considerable delay to imaging patient and is not a requirement for thrombolytic or interventional treatment for ischemic stroke.
- Technologists may proceed with CTA if a radiologist is unavailable to review the unenhanced CT head acutely, as clinically relevant information will be obtained with CTA in the setting of an intracranial hemorrhage.
- CT and CTA images should be pushed as soon as acquired!

References

1. [AJNR Am J Neuroradiol. 2003 Apr;24\(4\):688-90.](#)
2. [Stroke. 2007 Aug;38\(8\):2364-6. Epub 2007 Jun 28.](#)
3. [AJNR Am J Neuroradiol. 2010 May;31\(5\):817-21.](#)