

## COVID Screening Algorithm for Emergent Thrombectomy Cases

### 1) Stroke Code Activated in ED: Guidance for essential personnel to limit PPE use

- Proceed with usual "CODE stroke activation" workflow. Neurology consult resident evaluates patient in ED. Limit number of personnel in ED during initial assessment.
- ED providers will document contact information and location for family if they are not allowed to stay in ED per new Visitor restriction policy.
- If patient eligible for acute stroke interventions - IV-tPA and/or thrombectomy - consent/assent will be obtained by Neurology resident directly with patient at bedside of patient able to consent.
- If patient aphasic/altered and unable to obtain consent. Stroke fellow/NIR fellow will facilitate consent w/ family over the phone, but should not go to ED

### 2) COVID screening

- ED providers to perform COVID screening questions and document in chart per their workflow.
- COVID screening NEGATIVE then patient may proceed with acute stroke treatment (imaging, IV tPA) under usual workflow. No PPE or specific isolation required.
- If patient aphasic/altered and unable to perform COVID screening questionnaire:
  - Screening questions will be immediately directed to family or DPOA (in person or over the over the phone)
  - Check for clinical respiratory symptoms:
    - Fever, cough, shortness of breath or new O2 requirement on bedside assessment (without known or strongly suspected alternative diagnosis)
- If family or proxy unable to answer screening questions and NO clinical respiratory symptoms, meets criteria for **asymptomatic** testing for COVID PUI under Respiratory Illness Evaluation without Negative Pressure
- If YES to any screening questions or clinical criteria above, then meets criteria for COVID PUI under Novel Respiratory Isolation with Negative Pressure

Patient will be admitted to Neurvascular service as a COVID PUI either Respiratory Illness Evaluation without Negative Pressure or Novel Respiratory Isolation depending on clinical condition. Formal COVID ID and COVID ICU consults will be required and work-up initiated as appropriate (RVP, COVID19 RNA, respiratory culture, etc).

If patient requires emergency stroke intervention procedures, activate NIR per usual acute stroke workflow.

- Notify NIR team and anesthesia team. Assess need for intubated? (High risk for respiratory decompensation, unable to tolerate procedure because of neurological injury, etc.) Consider elective intubation given high risk of peri-procedural intubation.
  - If "YES", then intubate patient in a negative pressure room in the ED or in a designated negative pressure room on 3<sup>rd</sup> floor w/ anesthesia. Once intubated and patient can proceed to NIR suite under Novel Respiratory Isolation. All staff involved in case should wear appropriate PPE. Please see separate document "Acute Ischemic Stroke and Other Neurointerventional Radiology Procedure Guidance for Adult Patients."
  - If "NO", then proceed to NIR suite under Respiratory Illness Evaluation without Negative Pressure "droplet/contact/eye protection" isolation. All staff involved in case should wear appropriate PPE.
  
- After procedure, ICU COVID attending/triage for ICU admission post-procedure.