

North Bristol Trust: Thrombectomy Referral Criteria – External Hospitals

Referrals will be received from other hospitals **Monday to Friday, 08:00 to 17:00**. Patients referred must be able to **arrive at Southmead by 18:00**.

Referrals should be made **in person by a stroke consultant** to the North Bristol Trust **thrombectomy physician** via the **thrombectomy phone**, the number for which has been provided to each referring centre. Alternatively, the thrombectomy phone can be reached through NBT switchboard: call 0117 9505050 and ask for “Thrombectomy Consultant on Call”.

In case of difficulties, alternative contacts are stroke consultant bleep 1290, stroke registrar bleep 1490, or neurology registrar bleep 1636.

Before referral, the following should have been carried out:

- Upload of all new brain imaging to cloud portal (Biotronics 3Dnet).
- Completion of NBT Thrombectomy Referral Form (can be downloaded from the following web page: <https://www.nbt.nhs.uk/our-services/a-z-services/stroke-tia-services/stroke-thrombectomy-service>)
- Where intravenous thrombolysis is indicated this should not be delayed.

Referrals should fulfil all of the following criteria:

- NIHSS ≥ 6 or disabling/fluctuating deficit
- Independent before the index stroke (modified Rankin Scale 0-2).
- **Extra-cranial + intra-cranial CTA performed (aortic arch upwards).**
- CTA shows intracranial large vessel occlusion (carotid-T, M1, proximal M2). Tandem lesions (both extracranial carotid and intracranial anterior circulation as above) should still be referred for consideration of treatment. If there is uncertainty about the presence of an occlusion, the CTA should be reported by a consultant radiologist before referral.
- Fit for emergency transfer. If concerns exist regarding patients being safe for inter-hospital transfer seek advice from local anaesthetic / critical care team
- Sufficiently well to benefit from treatment. This includes co-morbidities and frailty; while age influences fitness for treatment age does not by itself limit capacity to benefit.

AND:

- Able to **arrive at Southmead Hospital Emergency Department within 6 hours from onset** of symptoms, or from last known well if unknown onset time e.g. wake-up

OR

- Able to **arrive at Southmead Hospital Emergency Department at any time up to 24 hours from onset** of symptoms, or from last known well if unknown onset time e.g. wake-up **AND**
- **Perfusion imaging (CTP/MRP) can be carried out on an emergency basis before transfer (perfusion imaging does not have to be performed before referral)**

NOTE: If perfusion imaging is not available, referrals **up to 12 hours** from symptom onset will be accepted if there are no major new ischaemic changes on non-contrast brain CT, defined as **ASPECTS score ≥ 5**

NOTE: If a patient does not fulfil the above criteria but it is felt that they would benefit from treatment, for example young patient with large ischaemic core, basilar occlusion, referrals will still be considered

NOTE: Eligibility for thrombectomy is independent of eligibility for thrombolysis. Whether or not thrombolysis is contra-indicated does not affect eligibility for thrombectomy