



**American
Stroke
Association.**
A division of the
American Heart Association.

Top Take-Home Messages for the Emergency Physician

Adapted from: 2026 Guideline for the Early Management of Patients with Acute Ischemic Stroke: A Guideline from the American Heart Association/American Stroke Association

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1. Prehospital destination management

Prehospital transport of patients with suspected stroke should take into account the characteristics of the local system of care. In areas with well-functioning systems and rapid interhospital transfer processes, there is no benefit of bypassing a proficient thrombolysis-capable hospital for a distant EVT hospital. However, in other settings and conditions, this guideline endorses consideration of direct transport to the closest EVT-capable hospital (Section 2.4).

2. Non-disabling stroke

Dual antiplatelet therapy is preferred and recommended over IVT for patients with non-disabling (e.g., isolated sensory syndrome) deficits (Section 4.6.1).

3. Thrombolytic choice

For intravenous thrombolysis (IVT) this guideline endorses the use of either alteplase or tenecteplase in the 4.5-hour thrombolytic treatment window; thrombolytic administration should not be delayed for additional multimodal neuroimaging (Section 4.6.2).

4. Extended-window thrombolysis

This guideline supports the use of IVT for select patients with stroke of unknown onset or 4.5–9 hours from onset using advanced imaging criteria (e.g., diffusion weighted imaging–fluid attenuated recovery or perfusion-based mismatch) (Section 4.6.3).

5. EVT indication expansion

This guideline supports expansion of EVT to populations previously not explicitly endorsed, including some patients with larger ischemic core strokes as determined by diagnostic imaging and in patients with basilar artery occlusion presenting within 24 hours of symptom onset and NIHSS score ≥ 10 (Section 4.7.2).

6. Glucose control

Intensive glucose control to the range of 80 to 130 mg/dL is not recommended to improve clinical outcome and increases the risk of severe hypoglycemia (Section 4.5).

7. BP Management

Intensive systolic BP lowering to <140 mm Hg is not recommended for patients treated with IV thrombolytic (Section 4.3).

8. Adjuvant antithrombotic therapy

Agents such as argatroban and eptifibatide are not recommended to enhance outcomes from thrombolytic therapy (Section 4.8).

9. Interhospital transfers

The guideline includes recommendation to establish agreements and protocols to prioritize interhospital transfer of acute stroke patients to reduce door-in-door-out times (Section 2.4).

10. Pediatric population

First-time recommendations for management of pediatric patients highlight the importance of early stroke recognition in children and support the safety of thrombolytic and potential benefit of endovascular interventions in selected pediatric patients (including Sections 4.6.1 and 4.7.5).