

Mechanical thrombectomy external referral pathway

The Royal London Hospital Monday–Sunday 24-hour stroke service

Patient referral criteria

Anterior circulation

- Under 6 hours from stroke onset/last seen well*
- CT scan: ASPECTS 6 or above**
- CTA: confirms occlusion position ICA/M1/proximal M2
- NIHSS: 6 or more
- Pre-morbid mRS: 0–2
- Absence of severe life-limiting illness

*Selected patients may be considered for transfer up to 12 hours (or 24 hours with favourable MRI or CTP mismatch) in ICA/M1 occlusions where other criteria are satisfied.

**Plain CT must be under an hour old at the point of referral and CT-CTA should be performed at the same sitting.

Posterior circulation



- Under 12 hours from stroke onset or last seen well
- CT scan: no extensive posterior circulation infarct
- CTA: confirms intracranial vertebral or basilar artery occlusion
- NIHSS: 10 or more
- Pre-morbid mRS: 0–1
- Absence of severe life-limiting illness

An anaesthetic escort MUST be provided for transfer of patients with posterior circulation vessel occlusion. We strongly recommend you consider intubation for safe transfer.

Next steps if criteria met

1. Ensure any Brainomix images are available to RLH via e-Stroke Suite app or share as e-Stroke case (PDF or cloud link).
2. Transfer CT and CTA images (arch to vertex), and any CTP/MRI images, via the Image Exchange Portal (IEP) as an emergency. Please do this even if Brainomix images have been sent.
3. Stroke consultant at referring centre to contact RLH stroke consultant by telephone. RLH stroke consultant will phone back to confirm suitability for mechanical thrombectomy (an unstable airway or intubated patient requires ITU discussion at RLH).
4. If the patient is accepted, call an ambulance immediately for emergency transfer to the Emergency Department of The Royal London Hospital (RLH).
Remember an anaesthetic escort is needed for patients with posterior circulation vessel occlusion.
5. Alert patient/next of kin about transfer to RLH for thrombectomy. Explain intended benefit and risks.

Clinician with patient

1. Complete referral form at www.referapatient.org
 - Select: New referral, Hospital: The Royal London Hospital, Barts Health NHS Trust, Specialty: Mechanical Thrombectomy (Stroke)
 - After reading the information, press 'click to continue' to receive your form
 - Complete the form, press continue, and you will be sent an email referral receipt with a link to access your form and the messaging facility
2. After sending the referral form, telephone the RLH stroke fellow to let them know what is happening.
3. Send ambulance departure time: go to your referral form via the link you received and use the instant messaging icon ( or ) to give the time and any additional handover information.
4. If any handover information becomes available later on, eg blood test results, inform us asap either by the instant messaging icon, or go to www.referapatient.org and send a QCKmsg via the main menu.
5. Please call the RLH stroke fellow if an emergency update is required.

Nurse at referring centre

Arrange nurse-to-nurse handover now by ringing the stroke nurse.

If accompanying the patient in the ambulance, ring again when 15 minutes away with arrival time. Ambulance crew should pre-alert ED resus when 15 minutes away.

After mechanical thrombectomy

The patient will be transferred back to their referring centre as soon as it is safe to do so.

A local hyperacute bed must be allocated at the time of the initial referral for the patient's return.



Image Exchange Portal (IEP)

Destination/ institution: Barts Health Stroke and Trauma Network

IEP node: RNHB1_S_BB01

Priority: clinical emergency

RLH stroke consultant

RLH switchboard (fast track)
020 3594 0440 and ask for the stroke consultant on call

RLH stroke fellow

020 3594 5651 or bleep 1230

RLH stroke nurse

020 3594 5638 or bleep 1229