

Metadata

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Title

Guidelines for the Acute Management of Ischemic Stroke

Abstract

This guideline provides recommendations for the diagnosis and acute management of ischemic stroke, including thrombolytic therapy and secondary prevention strategies.

Main Content

Initial Assessment

- Rapid neurological assessment using NIHSS.
- Non-contrast CT head to exclude hemorrhage before treatment.

Acute Treatment

- Intravenous thrombolysis (alteplase): Recommended within 4.5 hours of onset.
- Mechanical thrombectomy: Indicated up to 6–24 hours in selected patients with large vessel occlusion.
- Blood pressure control: Target <185/110 mmHg before thrombolysis.

Secondary Prevention

- Antiplatelet therapy: Aspirin started within 24 hours if thrombolysis not given.
- Statins for all patients with ischemic stroke of atherosclerotic origin.
- Smoking cessation, diabetes, and hypertension management.

Special Considerations

- Patients over age 80 may still benefit if carefully selected.
- Avoid routine use of heparin in the acute phase.

References

1. Kaur S, Thomas P. Evidence-based stroke protocols, 2025 update. *Neurol Pract Guide* 2025;21(1):11-19.
2. Wang L, Becker K. Thrombolysis and thrombectomy in acute stroke: Current practice. *Stroke Clin Rev* 2024;15(2):83-91.