

Subject: Management of suspected CRAO

While potential further discussions with ophthalmology are pending, for now, the following are recommendations regarding initial emergent management of suspected central retinal artery occlusion:

- If a patient presents with **sudden onset, painless, monocular blindness** with no obvious contraindications to lytics (including LKW > 4 hours), the ED provider should activate an **ED Code Stroke** and obtain a STAT **CT/CTA** just as the provider would for any other potentially disabling stroke symptom.
- In addition to this, we recommend STAT **ocular U/S** to evaluate for mimics including retinal detachment and vitreous hemorrhage, and a **CRP** to evaluate for giant cell arteritis (ESR takes too long to be of value in the acute setting)
- For patients presenting b/w 4-6 hours, **page the on call neurointerventionalist** to discuss possible intra-arterial thrombolysis.

Depending on their comfort with diagnostic certainty, the Neurology may request Ophthalmology Consult (if available) prior to decisions regarding thrombolysis.