Supplementary material 1 - Flowchart: Revised Treatment Protocol

**Prehospital**
- ECC (Emergency Coordination Center) in collaboration with ambulance or caller

**Potential candidates**
- < 6 hours since onset of symptoms
- Unknown onset of symptoms
- Patient with FAST-symptoms
- On which side are the symptoms? Other symptoms? (Dizziness, visual disturbances)
- Use of anticoagulants?
- Precise time for debut of symptoms (HH:MM). If unknown: Time last seen in habitual condition?
- Unknown time of onset or > 4.5 hours since last seen in habitual condition: MRI-wakeup candidate
- Warn neurologist about potential candidates, if needed
- Put caller or ambulance in conference with neurologist
- Trigger stroke alarm if neurologist considers the patient a candidate for thrombolytic

**Neurologist:**
- Early warning from ECC and evaluates whether patient is potential candidate
- Accepts stroke alarm
- Order CT with/without and perfusion
- Unknown onset: MRI-wakeup
- Read journal and prepare team in the ER about patient details: Perform team brief

**Nurse leader:**
- Distribute personnel in the ER
- Assign a room in the ER

**Nurse:**
- If not done: BP, pulse and white IV-line
- Administer medications as needed (Trandate, Stesolid, other...)

**Bioengineer:**
- Present at CT-lab on patient arrival

**Ambulance:**
- Transports the patient directly to the ER
- Document vitals, always BP
- Inform ER about changes underway
- If time permits:
  - Prepare IV-line
  - Confirm symptom onset, alternatively when the patient was last seen in habitual condition
  - Obtain information about use of anticoagulation
  - Obtain information about weight
  - Remove any jewelry/metal from the patient

**CT-lab 18:**
- Radiographer prepares for reception at CT-lab 18
- Radiologist present at CT-lab on patient arrival

**Decisionroom:**
- Neurologist makes decision of perfusion area based on clinical examination and imaging findings: CT perfusion
- Decide whether or not to administer IVT

**Transport:**
- STROKE ALARM w/ETA
- Radiographer moves patient together with team
- Radiologist present at CT-lab: Prepare for regular and perfusion scanning.

**Treatment rooms:**
- Neurologist repeats examination including full NIHSS
- Complete journal

**Abbreviations:**
- CT, Computed Tomography
- IVT, Intravenous Thrombolysis
- BP, Blood Pressure
- IV, Intravenous
- ERC, Emergency Response Center
- NIHSS, National Institute of Health Stroke Scale
- ETA, Estimated Time of Arrival

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