

**Supplementary Table 1.** Summary of strategies in the modified code stroke**Infection control**

Medical workers should wear personal protective equipment to prevent air, droplet, and contact infection, when they are in close proximity with a suspected coronavirus disease of 2019 (COVID-19) patient.

A suspected COVID-19 patient should wear a surgical mask during the entire evaluation process of the modified code stroke.

Special corridors should be used for transportation of suspected COVID-19 patients to avoid contact with other people. The frequency of patient transportation should be kept to a minimum.

**Triage**

Patients with positive clinical infection screening based on exposure history or symptoms should be triaged to the modified code stroke.

**Clinical evaluation**

The National Institutes of Health Stroke Scale should be modified to decrease the risk of infection. To avoid the removal of patients' surgical masks, facial palsy should be scored based on the severity of dysarthria. The finger–nose–finger test should be substituted with the finger–to–nose test.

A nasopharyngeal swab should be obtained from the patient early during the clinical evaluation to promote hemostasis of the swabbed site before potential thrombolysis treatment.

**Radiographs**

Chest computed tomography (CT) can help in diagnosing pneumonia, infection evaluation, and risk stratification.

The choice of brain scan modality should be based on the patient's clinical eligibility for endovascular thrombectomy. If the patient is eligible clinically, multiphase CT angiography should be performed. If not, non-contrast CT should be performed.

Turning off the air-conditioning of the CT room during patient examination can help in minimizing the risk of droplet spread.

**Patient's risk for COVID-19**

Patients with confirmed COVID-19, having contact with confirmed cases, travelling abroad, and with pneumonia should be considered as high risk of COVID-19. Endovascular thrombectomy will not be performed in these patients.

Patients with high-risk social status and symptoms of fever and respiratory tract infections should be considered as intermediate risk of COVID-19. Protected endovascular thrombectomy should be performed in these patients, if eligible.

The remaining patients should be considered as low risk of COVID-19. Endovascular thrombectomy should be performed in these patients, if eligible, based on the routine clinical protocol.

**Intravenous thrombolysis**

The eligibility for intravenous thrombolysis should be based on the usual criteria.

**Protected endovascular thrombectomy**

The patient should be intubated in a negative-pressure room. The endotracheal tube should be connected to a portable ventilator and closed sputum-suction system.

The patient should be under conscious sedation during the endovascular thrombectomy.

The door of the angiography room should be closed throughout the procedure. The angiography room should have positive-pressure ventilation as usual.