



## Emergency Department Checklist for Anti-amyloid Monoclonal Antibodies for Alzheimer's Disease

☒ **Confirm antibody use:**

- Ask patient or caregiver about anti-amyloid therapy
- Look for ID card or wallet alert indicating:
  - Lecanemab (Leqembi®)
  - Donanemab (Kisunla®)

☒ **Review electronic medical records and prior magnetic resonance imaging (MRI) for documentation of therapy**

☒ **Screen for amyloid-related imaging abnormalities (ARIA) symptoms:**

- Mild/moderate symptoms:
  - Headache
  - Dizziness
  - Nausea
  - Visual disturbances
  - Gait difficulty
  - Confusion
- Severe symptoms:
  - Seizures/Status epilepticus
  - Stupor or decreased responsiveness
  - Focal neurologic deficits
  - Encephalopathy

☒ **Imaging and radiology:**

- Order unscheduled immediate MRI if ARIA suspected
- Confirm radiologist experienced with ARIA is available

☒ **Avoid high-risk interventions:**

- Withhold tissue plasminogen activator (tPA) until ARIA is excluded (this could worsen ARIA)
- Avoid anticoagulation until ARIA has been ruled out

☒ **Escalation and management:**

- Activate protocols to manage severe ARIA or infusion reactions, as required
- Ensure access to:
  - Neurologist familiar with ARIA, including seizures and status epilepticus
  - Monitoring and management; hospital admission if necessary
- Admit if the patient has:
  - Severe ARIA symptoms
  - Grade 3/4 infusion reaction (*may require ventilatory support*)
  - Ongoing neurologic concerns requiring repeat imaging or observation