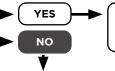
# TIA/MINOR NON-DISABLING STROKE OUTPATIENT MANAGEMENT PROTOCOL - CHAMPLAIN

CT-Capable ED

Patient Presents with Signs and Symptoms of Minor Stroke/TIA

Ongoing stroke symptoms AND last known well <=24h?



Refer to the Decision Algorithm for Stroke Assessment, Consultation and Transfer

## 1. HAS THE PATIENT HAD A TIA?

## **LIKELY Carotid Territory/**

**Anterior Circulation TIA** 

- Unilateral Motor Weakness
- Unilateral Sensory Disturbance
- Speech Difficulty
- Amaurosis Fugax

#### LIKELY Vertebrobasilar Territory/Posterior Circulation TIA

- Bilateral Simultaneous Sensorimotor Symptoms
- · Homonymous Visual Field Loss
- · Acute Ataxia

#### **UNLIKELY TIA**

- Transient symptoms lasting only seconds
- Convulsion/seizure
- Loss of consciousness/ syncope
- Transient global amnesia/memory loss
- · Isolated vertigo

# 2. TESTS/EVALUATIONS TO BE COMPLETED IN ED PRIOR TO DISCHARGE

#### **BRAIN AND VASCULAR IMAGING**

 CT brain and CTA from arch to vertex should be completed for all query or confirmed TIA/Minor Stroke patients

CT brain alone may be sufficient in cases such as terminal illness or advanced dementia



- Symptomatic >50% carotid stenosis
- Acute infarct or hemorrhage on CT
- Unresolved deficits or >1 TIA event in past 24 hours

**Consult Neurology On-Call** 

### 12 LEAD ECG



Afib on ECG or history

Ensure
anticoagulation
is prescribed
and/or adequate
dosing (see
section 3 Medications)

#### **BLOOD WORK**

- CBC
- Electrolytes
- Random Glucose
- INR/PTT
- · Creatinine and eGFR
- Liver enzymes
- · Lipid profile
- HbA1C







Consider outpatient General Neurology or other Specialist referral if uncertain diagnosis and clinical concern

## 3. MEDICATIONS

#### ANTI-PLATELET -



### **LOADING DOSE**

- ASA 160mg PO X1
- Clopidogrel (Plavix®) 300mg PO X1



#### **OUTPATIENT PRESCRIPTION** for Antiplatelet Therapy

- · Dual antiplatelet therapy is recommended for 21 days:
  - ECASA 81mg PO Daily and Clopidogrel (Plavix®) 75mg PO daily
- Followed by MONOTHERAPY with either agent after 21 days
- Single antiplatelet may be warranted at physician discretion

#### ANTICOAGULANT -

If Atrial Fibrillation (past or present), AND no evidence of infarct on CT, AND resolved symptoms; Consider Anticoagulation

- Dabigatran (Pradaxa®) 110mg or 150mg PO BID,
   Dabigatran (Pradaxa®) 110mg or 1
- · Rivaroxaban (Xarelto®) 15mg or 20mg PO Daily,
- Apixaban (Eliquis®) 2.5mg or 5mg PO BID
- · Edoxaban (Lixiana®) 30mg or 60mg PO Daily
- Warfarin (Coumadin®)

Stroke Best Practices strokebestpractices.ca/ prevention-of-stroke

Champlain Regional Stroke Network www.crsn.ca **FACE** | Is it drooping?

**ARMS** | Can you raise both?

**SPEECH** | Is it slurred or jumbled?

**TIME** To call 9-1-1 right away.

## 4. REFERRAL TO STROKE PREVENTION CLINIC (SPC) | Referral forms available at www.crsn.ca

#### The Ottawa Hospital SPC

- Internal Via EPIC
- External Via OCEAN or FAX: (613) 761-5320

#### The Pembroke Regional Hospital SPC

 Internal/External Via OCEAN or FAX: (613) 732-6350

#### The Cornwall Community Hospital SPC

- Internal Via CERNER
- External Via OCEAN or FAX: (613) 938-5379



Advise patients not to drive for 30 days



Review
FAST warning signs of stroke



Provide ED TIA booklet