

Patient Presents with Signs and Symptoms of Minor Stroke/TIA

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

YES

NO

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



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

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



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,
- 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