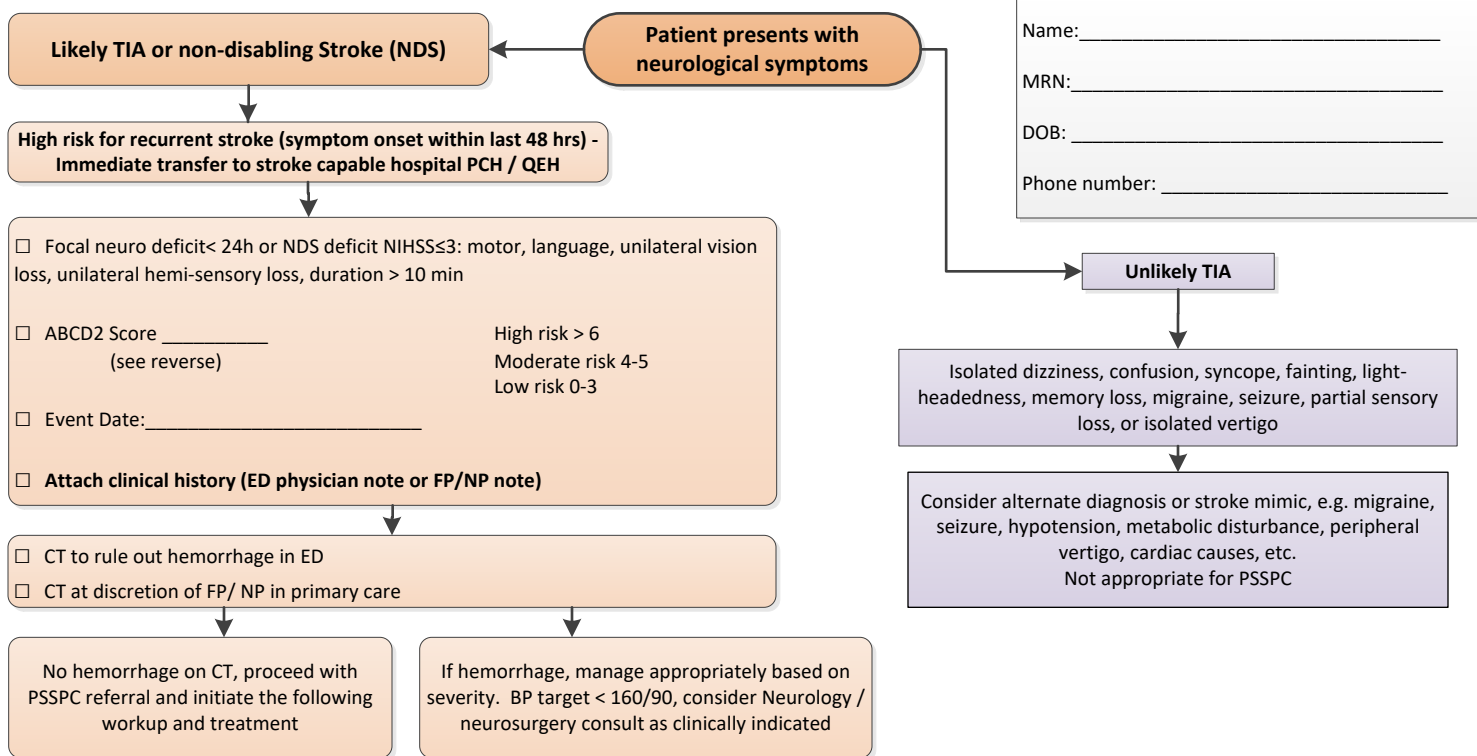


TIA/Non-Disabling Stroke Algorithm and Referral to Provincial Secondary Stroke Prevention Clinic (PSSPC)

Please fax completed form and clinical history to **1-833-520-1446** phone 902-368-5506



Etiology Workup:

Arthroembolic (large vessel disease):

- Carotid imaging within 24 hrs for high and moderate risk (ABCD2): CTAngio carotids and Circle of Willis OR Carotid Ultrasound
Carotid U/S on weekdays; CTA head and neck within 24 hrs on weekends.
IF carotid stenosis > 50% on symptomatic side THEN consider urgent referral to vascular surgeon if surgical candidate

Cardioembolic:

- ECG in ED or ordered as outpatient by FP/NP
- 24-48 hr Holter monitor (IF Afib/flutter known or found THEN consider OAC (warfarin vs DOAC)
- OAC may be contraindicated if significant bleeding risk or if sizeable completed stroke on CT in acute period
- Note: any Afib patient with CHADS 2 score equal to or greater than 1 should be considered a candidate for OAC
- Cardiac monitoring in ED if clinically appropriate

Risk Factor Management:

- Labs:
 - A1C (target A1C < 7 %)
 - Non-fasting Lipid Profile (target LDL < 2)
 - Kidney Function, CBC, PT/INR
 - Consider CRP if concern for temporal arteritis
- Blood Pressure Management (target < 130/80)
- Smoking cessation / diet / exercise counseling
- Antiplatelet Management
IF Afib/flutter – OAC as above (see section on Holter monitor)
If no indication for OAC – antiplatelet load in ED (ASA 160 mg & Plavix 300mg);
then dual platelet ASA 81 mg+ Plavix 75 mg daily x 3 weeks
After 3 weeks : - IF ASA naïve – use ASA 81mg & discontinue Plavix
- IF ASA on board at baseline change to Plavix and discontinue ASA
- Rehab referral for non-disabling stroke with ongoing deficits (motor, language, cognitive)
- ED physician or FP/NP to review post stroke driving restrictions as clinically indicated.
NO driving for 1 month post stroke diagnosis

Legend

NDS - Non-disabling stroke
FP - Family Physician
NP – Nurse Practitioner
OAC – Oral anticoagulant
ED – Emergency Department
DOAC – Direct oral anticoagulant
NIHSS – National Institute of Health Stroke Scale



Physician / NP Name: _____ Signature: _____

Date of referral: _____

TIA/ND Stroke Algorithm and Referral to Provincial Secondary Stroke Prevention Clinic (PSSPC)

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TIA

ABCD2 Score

Symptom	Score
Age > 60 years	1 point
Blood pressure > 140/80	1 point
Clinical (neurological deficit)	2 points for hemiparesis 1 point for speech problem without weakness
Duration	2 points for >60 minutes 1 point for 10-60 min
Diabetes	1 point

Maximal score is 7.

REFERENCE: Rothwell et al, Lancet. 2007;369:283-92

EVIDENCE LEVEL 3

Risk factors	Score	CHADS2-VASc score and Annual stroke risk (%)
Congestive heart failure	1	Score 1 = 1.3
Hypertension	1	2 = 2.2
Age > 75 years	2	3 = 3.2
Diabetes mellitus	1	4 = 4
Stroke/TIA/systemic embolism	2	5 = 6.7
Vascular disease	1	6 = 9.8
Age 65 to 74 years	1	7 = 9.6
Sex (female)	1	8 = 6.7
		9 = 15.2

Risk	Symptom Onset Timeline	Symptoms	Triage Goals for PSSPC appointment
High	Less than 48h	Unilateral Motor Weakness Language Disturbance (aphasia)	Within 24-72h
Increased	48h-2wks	Unilateral Motor Weakness Language Disturbance (aphasia)	Within 24-72h
Moderate	48h-2wks	NOT motor or language symptoms Sensory disturbances Visual Disturbances	Within 2wks
Low	More than 2wks	Any stroke symptom occurring more than 2 weeks ago	Within 1 month