Please fax completed form and clinical history to 1-833-520-1446 phone 902-368-5506 Name:_ Patient presents with Likely TIA or non-disabling Stroke (NDS) neurological symptoms High risk for recurrent stroke (symptom onset within last 48 hrs) -Immediate transfer to stroke capable hospital PCH / QEH Phone number: ___ ☐ Focal neuro deficit< 24h or NDS deficit NIHSS≤3: motor, language, unilateral vision **Unlikely TIA** loss, unilateral hemi-sensory loss, duration > 10 min ☐ ABCD2 Score High risk > 6 (see reverse) Moderate risk 4-5 Isolated dizziness, confusion, syncope, fainting, light-Low risk 0-3 headedness, memory loss, migraine, seizure, partial sensory □ Event Date: loss, or isolated vertigo ☐ Attach clinical history (ED physician note or FP/NP note) Consider alternate diagnosis or stroke mimic, e.g. migraine, seizure, hypotension, metabolic disturbance, peripheral vertigo, cardiac causes, etc. ☐ CT to rule out hemorrhage in ED Not appropriate for PSSPC ☐ CT at discretion of FP/ NP in primary care No hemorrhage on CT, proceed with If hemorrhage, manage appropriately based on severity. BP target < 160/90, consider Neurology / PSSPC referral and initiate the following workup and treatment neurosurgery consult as clinically indicated **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 Legend ☐ Consider CRP if concern for temporal arteritis NDS - Non-disabling stroke FP - Family Physician □ Blood Pressure Management (target < 130/80) NP - Nurse Practioner OAC - Oral anticoagulant ☐ Smoking cessation / diet / exercise counseling ED – Emergency Department DOAC - Direct oral anticoagulant ☐ Antiplatelet Management NIHSS - National Institute of IF Afib/flutter - OAC as above (see section on Holter monitor) Health Stroke Scale 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 Cave One Island Health System

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

Signature:

Physician / NP Name: ___

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