- 1. Patient presents to ED or GP's office and is diagnosed with possible TIA
- 2. ED or GP MD use the TIA stroke algorithm and checklist to organize the Secondary Stroke Prevention Clinic Referral
- 3. Patient information section of the form is completed and their ABCD2 score is calculated and indicated on the form
- 4. CT head in ED organized; or at the discretion of the GP in their office if clinically indicated; ECG completed in ER if patient presents to ER
- 5. GP or ED physician completes the test requisitions in the TIA package with patient information, clinical information, and Dr. Williams' pre-filled Fax # 902-368-5511.
- Decision is made regarding antiplatelet or anticoagulation by the treating ED or GP physician according to the TIA algorithm and the patient is given a prescription if changes are made to their medications; first dose of medication may be given in ER (e.g. loading dose of ASA or plavix)
- 7. Completed TIA algorithm checklist form is faxed to the PSSPC at the Polyclinic for triage by RN
- 8. Labs and Carotid imaging to happen within 24h for high risk and moderate risk patients
- 9. High and moderate risk patients seen by neurologist (Dr H Williams or Dr. Townsend) within 48h (up to 72h if patient presents on a Friday night), low risk patients will be triaged appropriately (should have a carotid u/s preliminary report or CTA report)
- 10. Neurologist to guide further workup as necessary, including rehab referral if necessary, and communicate long term plan back to primary care physician or nurse practitioner; patients without a family physician will be referred to primary care services (e.g. HTN clinic)
- 11. F/u with neurologist will be conducted over the phone to review outstanding test results (e.g. holter) or can be arranged in person if deemed clinically necessary by the neurologist.

For any questions regarding this process, please contact Dr. Williams by pager 557-3146 or email <u>dr.williams@thepolyclinic.pe.ca</u>

