

MINOR STROKE/TRANSIENT ISCHEMIC ATTACK (TIA): RISK ASSESSMENT and STANDARD ORDERS

NB: These orders are to I	be used as a guideline and do not replace	e sound clinical judgment and professional practice standards.
Complete Stroke C for Emergency De	-	cross out and initial.□Requires a check ☑ for activation.(CLI.4110.PL.013.FORM.07) or Acute Stroke Care map.1.4110.PL.013.FORM.01)
RISK ASSESSMENT		ACTIONS
 CRITICAL RISK TIA: Crescendo TIAs - multiple TIAs within same territory Atrial fibrillation (AF) Antiplatelet therapy Symptomatic severe carotid stenosis (70-99%) Uncontrolled hypertension HIGH RISK – TIA/STROKE RECURRENCE: 		 Urgent Neurology consult Urgent Diagnostics Admit to
 TIA/stroke symptoms within previous 48 hrs. with two or more clinical features (focal weakness, speech difficulties; symptoms lasting greater than 60 minutes; age greater than 60 years; diabetes). One positive investigation (CT/MRI positive for infarct; symptomatic carotid stenosis greater than 50%). Other factors based on individual presentation and clinical judgment. 		 Urgent Neurology consult Urgent Diagnostics Admit to
INCREASED RISK: Patient presents between 48 hours and 2 weeks from symptom onset without persistent or fluctuating motor or speech symptoms.		Complete key investigations within 24 hrs. of client's first contact with health care system either by: Stroke Prevention Clinic (SPC) <u>OR</u> Consult Neurologist-on-call; Discharge home; to follow up in SPC.
LESS URGENT: Patient presents after 2 weeks and those who present with isolated sensory symptoms/tingling.		 Complete investigations listed in the Stroke/Transient Ischemic Attack (TIA) Algorithm for Responses in Community (CLI.4110.PL.013.SD.01) Discharge home – follow up in SPC within 2 weeks of event.
NO antithrombotic (antiplatelet) medications until intr	acranial hemorrhage ruled out by CT
Antiplatelet Therapy: Select only 1 option	 ASA loading dose 160 mg oral x1 OR If previously on ASA or AS Clopidogrel loading dose 300 mg If patient is already on Clopidogred 	A Allergy:
OTHER INTERVENTI		
Refer to Stroke Pre	giogram of carotid arteries (creatinine de	pendent); Otherwise carotid ultrasound. w up and post discharge community resourcing. ourney booklet).
Prescriber Signature:		Date / Time:
Faxed to Pharmacy - S	ignature:	Date / Time: