

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: |