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ND Transient Ischemic Attack (TIA) Guideline

TIA Diagnosis Criteria

The following criteria should be considered as a possible TIA:

- ☐ History of clinical symptoms including, but not limited to:
  Balance- Sudden trouble walking, dizziness, loss of balance or coordination
  Eyes- Sudden double vision or trouble seeing out of one or both eyes.
  Face- Sudden drooping or numbness on one side of the face.
  Arm- Sudden numbness or weakness of the arm, especially on one side of the body.
  Speech- Sudden confusion, trouble speaking or understanding.
- ☐ Complete resolution of symptoms with no active fluctuation.
- ☐ Stable neuro exam and NIHSS without any appreciable deficits as compared to baseline

Emergency Department Work-Up

- ☐ Neurology phone consult or in-house evaluation if available
- ☐ CT Scan head without contrast- rule out hemorrhage, early ischemia (ideally followed by an MRI brain if available)
- ☐ Basic Labs: Bedside Glucose, CBC, BMP, Platelets, PT-INR, PTT, Troponin
- ☐ 12 lead ECG
- ☐ Continuous cardiac monitoring for duration of ED visit
- ☐ Normal Saline 0.9% IV TKO
- ☐ Permissive hypertension if CT negative for hemorrhage (BP goal <220/120)
- ☐ HOB 30 degrees until basic work-up is completed

*If Neurology confirms TIA diagnosis based on discussion, patient should have vascular imaging prior to discharge. If unavailable at the presenting facility, transfer to a *PSC/PSC Plus/TSC/CSC should be arranged.*

- ☐ Stat CTA or MRA head & neck if available ***OR***
- ☐ Carotid duplex (only if contraindication to CTA/MRA)

Re-consult with Neurology based on findings of vascular imaging.

Transfer Criteria

Transfer to PSC/PSC Plus/TSC/CSC should be arranged for patients meeting any of the following criteria.

- ☐ Abnormal vascular imaging (significant intracranial or extra cranial atherosclerotic disease -may need intervention vs close observation in intensive care unit)
- ☐ Ischemic lesion on CT/MRI brain- Diagnosis of stroke not TIA. (Tissue based definition update)
- ☐ Fluctuating symptoms with more than 1 TIA in the past one month
- ☐ Medical instability (New onset atrial fibrillation, hypertensive emergency, cardiac instability and others)
- ☐ $ABCD^2$ (Age, Blood Pressure, Clinical features of TIA, Duration/Diabetes-see guide) score 2-7
- ☐ ABCD2 score 0-1, but completion of stroke workup cannot be arranged within 7 days (based on availability of outpatient neurology provider urgent openings, non-compliance suspected)

Disposition

- ☐ All TIA patients should be discussed with neurology prior to discharge.
- ☐ Ideally based on ABCD2 score, if the initial imaging workup is negative:

  ABCD2 score 0-1 —> Refer to neurology clinic in 7 days

  ABCD2 score 2-7 —> Admission to PSC/PSC Plus/TSC/CSC

  These numbers are based on availability of neurology clinic appointment within 7 days.
- ☐ For patients not currently on antithrombotic therapy with suspicion of TIA and no contraindications to antithrombotic therapy, Aspirin 325 mg po should be initiated.
- ☐ If decision to discharge; transthoracic echo, fasting lipid panel, HbA1c should be ordered prior to outpatient neurology follow up. Patients should also be scheduled for a 1 week follow up with PCP.

PSC-Primary Stroke Center *PSC Plus*- Primary Stroke Center Plus *TSC*- Thrombectomy Capable Stroke Center *CSC*-Comprehensive Stroke Center