

TIA Management

Transient ischemic attack (TIA)/minor non-disabling strokes may require specific tests, evaluations and medications to be completed prior to discharge.



Reference the [Acute Stroke Protocol](#) for patient specific pathways and referrals to the Stroke Prevention Clinic.

Has the patient had a TIA?

LIKELY Carotid Territory/Anterior Circulation TIA

- Unilateral Motor Weakness
- Unilateral Sensory Disturbance
- Speech Difficult
- Amaurosis Fugax

LIKELY Vertebrobasilar Territory/Posterior Circulation TIA

- Bilateral Simultaneous Sensorimotor Symptoms
- Homonymous Visual Field Loss
- Acute Ataxia

UNLIKELY TIA

- Transient symptoms lasting only seconds
- Convulsion/seizure
- Loss of consciousness/syncope
- Transient global amnesia/memory loss
- Isolated vertigo

Consider primary care physician for follow up or other specialist referral if uncertain diagnosis and clinical concern

Tests/Evaluations

Medications

BLOOD WORK

- CBC
- Electrolytes
- Random Glucose
- INR/PTT
- Creatinine and eGFR
- Liver enzymes
- Lipid profile
- HbA1C

ANTI-PLATELET

Loading Dose

- ASA 160mg PO X1
- Clopidogrel (Plavix®) 300mg PO X1

Outpatient Prescription

- Dual antiplatelet therapy is recommended for 21 days:
ECASA 81mg PO daily and Clopidogrel (Plavix®) 75mg PO daily
- Followed by MONOTHERAPY with either agent after 21 days
- Single antiplatelet may be warranted at physician discretion

ANTICOAGULANT

If Atrial Fibrillation (past or present), AND no evidence of bleed on CT, AND resolved symptoms; Consider Anticoagulation

- Dabigatran (Pradaxa®) 110mg or 150mg PO BID
- Rivaroxaban (Xarelto®) 15mg or 20mg PO daily
- Apixaban (Eliquis®) 2.5mg or 5mg PO BID
- Edoxaban (Lixiana®) 30mg or 60mg PO daily
- Warfarin (Coumadin®)



Advise patients not to drive for 30 days

Review FAST warning signs of stroke

Referral to Stroke Prevention Clinic



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