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

Telestroke

physician

- · 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

IMAGING

CT brain & CTA from arch to vertex

- Symptomatic >50 % carotid stenosis
- Acute infarct or hemorrhage on CT
- Unresolved deficits or >1 TIA event in the past 24 H Consult

BLOOD WORK

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

12 LEAD ECG

Afib on ECG or history?

Ensure anticoagulation is prescribed and/or adequate dosing

Thunder Bay Regional Health Sciences

Centre

Advise

patients not to drive for 30 days

Review

FAST warning signs of stroke

Referral

to Stroke Prevention Clinic

Medications

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®)

Source: strokebestpractices.ca v0.2 March 2023



