| Primary Care Referral Guidelines: FOR PRIMARY CARE U 1. Referring provider to complete referral. 2. Fax Stroke Prevention Clinic: 807-684-5883. If required, pf 3. Incomplete or illegible referrals will be sent back to the referrint 4. Original form to be filed on patient's health record. | D.O.B. (YYYY-MM-DD): Address: Address: City/Town, Prov: Postal Code: Tel: Health Card #: Version: Family MN/NP: Family MN/NP: |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patients presenting <u>within 48 hours</u> of symptoms consistent with new stroke or TIA especially transient focal motor or speech symptoms, or persistent stroke symptoms are at the <u>highest risk</u> for recurrent stroke and should be <u>immediately</u> sent to an emergency department. | Medications (or attach most accurate medication list): |
| Patient Information: Patient/Caregiver contact number: Reason for referral: TIA Stroke Carotid Stenosis Other: | |
| Date of Transient Ischemic Attack (TIA) / Stroke Event: | TIA Management: see reverse |
| Duration of Symptoms: Frequency of Symptoms: Seconds Recurring/transient Minutes Persistent Hours Single episode Days | Treatment Initiated: (Check (✓) all that apply) □ Antiplatelet therapy: □ □ Anticoagulant: |
| Blood pressure at office visit: Clinical Features: (Check (✓) all that applv) □ Left sided weakness: □ Face □ Arm □ Leg □ Left sided sensory loss: □ Face □ Arm □ Leg □ Left sided sensory loss: □ Face □ Arm □ Leg □ Acute ataxia □ Speech disturbance (ie. slurred or jumbled or word finding difficulty) □ Acute vision change: □ Monocular □ Right □ Left □ Hemifield vision loss □ Right □ Left □ Diplopia | □ Other: |
| □ Other: Risk Factors: (Check (✓) all that apply) | ECG Bloodwork: see reverse Other: |
| ☐ Hypertension ☐ History of sleep apnea ☐ Previous stroke or TIA ☐ Current or past smoker ☐ Lischemic heart disease ☐ Previous known carotid disease ☐ Peripheral vascular disease | Comments: |
| Diabetes Alcohol Misuse Other: | Stroke Prevention Clinic Office use only <i>Triage Level:</i> |
| | Referring providers name: |

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TIA Management



If Patient Presents Within 48 Hours Of Symptom Onset, Send Patient To Nearest Emergency Department

Has the patient had a TIA?

LIKELY Carotid Territory/Anterior Circulation TIA

- ·Unilateral Motor Weakness
- ·Speech Difficulty
- ·Unilateral Sensory

- ·Amaurosis Fugax
- Disturbance

Acute Ataxia

Homonymous Visual Field Loss

LIKELY Vertebrobasilar Territory/Posterior Circulation TIA

Bilateral Simultaneous Sensorimotor Symptoms

·Transient symptoms lasting only seconds

- ·Convulsion/seizure ·Loss of consciousness/syncope
- ·Transient global amnesia/memory loss
- ·Isolated vertigo

UNLIKELY TIA

Consider further diagnostics or specialist referral if uncertain diagnosis & clinical concern

Patients may require specific tests, evaluations and medications to be ordered or completed prior to being seen in the Stroke Prevention Clinic

Tests/Evaluations Considerations

Do not delay referral if investigations not completed

IMAGING

If available

- · CT head (non contrast) · CTA head/neck (arch to
- vertex) OR
- · Carotid Doppler
- If not completed in past 6 months ·CBC ·Creatinine & eGFR ·INR/PTT ·Liver enzymes Electrolytes ·Lipid Profile

BLOOD WORK

·Random Glucose

12 LEAD ECG

If irregular heart beat present

If known history of Afib ensure adequate dosing and adherence of anticoagulant

Medication Considerations

·HbA1C

ANTI-PLATELET

Outpatient Prescription recommended for the first 21 days post symptom onset

Dual antiplatelet therapy is recommended:

· ECASA 81mg PO daily & Clopidogrel (Plavix®) 75mg PO daily up to 21 days post symptom onset

Followed by MONOTHERAPY with agent after

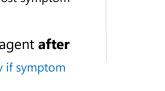
Outpatient Prescription for monotherapy if symptom onset occurred beyond 21 days

· ASA 81 mg PO daily OR

· Clopidogrel (Plavix®) 75mg PO daily

Assembly Number G-279

Source strokebestpractices.ca thrombosiscanada.ca



ANTICOAGULANT

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

Consider:

NORTHWESTERN ONTARIO

Regional Stroke

- · 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®)



Review FAST warning signs of stroke

V3.0 May 2023

Centre

hunder Bay Regional