

*The Stroke Program, Edmonton Zone (SPEZ) quarterly newsletter provides current information and updates to healthcare providers working within stroke care*

### TIA is an Emergency

There is clear evidence that transient ischemic attacks or minor strokes are unstable conditions that warn of high future risk of stroke, other vascular events, or death. The risk of recurrent stroke after a transient ischemic attack is 10 to 20 percent within 90 days, and the risk is "front-loaded", with half of the strokes occurring in the first two days following initial symptom onset. Timely intervention has been shown to significantly reduce the risk of major stroke after an initial transient ischemic attack or non-disabling stroke.<sup>1</sup>

Experts on the writing groups for the Canadian Stroke Best Practice Recommendations (CSBPR) strive, in the biannual updates, to give optimal direction to practitioners who manage stroke and TIA. Recent changes to the triaging categories for TIA and non-disabling stroke are an attempt to reflect the urgency of time/duration and motor/speech deficits when patients present to their doctor or to the Emergency Department. Risk stratification tools, such as the ABCD<sup>2</sup> score, are designed to estimate risk for subsequent stroke but are poor diagnostic tools, and don't differentiate well between those patients who will vs. those much less likely to have a stroke.<sup>2</sup>

The new CSBPR categories identify risk based on the presence of symptoms and time of onset of those symptoms. For example, a patient presenting to any healthcare facility with motor and/or speech deficits within the previous 48 hours are at the **highest** risk of stroke, and requires an urgent response from the assessing physician. See the recommendations to the right for other risk categories. The full recommendations can be viewed at [www.strokebestpractices.ca](http://www.strokebestpractices.ca).

### Featured Stroke Best Practice Guideline: **NEW – Triage Guidelines for the Management of Non-Disabling Stroke and TIA**

#### The Recommendation states:

1.0. "Patients with stroke and TIA who present to an ambulatory setting or a hospital should undergo clinical evaluation by a health-care professional with expertise in stroke care to determine risk for recurrent stroke and initiate appropriate investigations and management strategies".

#### **NEW Triage Categories - Timing of Initial Assessment:**

HIGHEST risk for stroke: Symptom **onset within 48 hours**, consisting of transient, fluctuating or persistent unilateral motor weakness (face, arm and/or leg) or speech disturbance. ACTION: Immediate EMS transport to nearest Emergency Department (ED) with full diagnostic capabilities (if patient not already there), with urgent diagnostic testing.

HIGHER Risk for stroke: Symptom **onset within 48 hours**, consisting of transient, fluctuating or persistent (without motor or speech disturbance) hemibody sensory loss, acute visual loss, diplopia, or ataxia. ACTION: Same day assessment at Stroke Prevention Clinic (SPC) or ED with full diagnostic capabilities.

INCREASED risk for stroke: Symptom **onset within 48 hours to 2 weeks**, consisting of transient, fluctuating or persistent unilateral motor weakness or speech disturbance. ACTION: Stroke specific assessment (SPC or ED) within 24 hours of first contact with healthcare system,

OR

Symptom **onset within 2 weeks**, consisting of transient, fluctuating or persistent (without motor or speech disturbance) hemibody sensory loss, acute visual loss, diplopia, ataxia. ACTION: Stroke specific assessment (SPC or ED) within 2 weeks of first contact with the healthcare system.

LOWER risk for stroke: Patient presents greater than **2 weeks after symptom onset** with atypical sensory symptoms with anatomical distribution not suggestive of stroke or TIA (e.g. patchy numbness and/or tingling). ACTION: Stroke specific assessment within 1 month of first contact with the healthcare system.

1. Lindsay MP, Gubitz G, Bayley M, Hill MD, Phillips S, and Smith EE. Canadian Stroke Best Practice Recommendations Overview and Methodology (5th ed.). On behalf of the Canadian Stroke Best Practices Advisory Committee and Writing Groups. 2014; Ottawa, Ontario Canada: Heart and Stroke Foundation, Canada.

2. Powerpoint presentation: TIA Evaluation and "Do I admit?" Steven Leitch, MD, FHM Director, ISMC INTEGRIS Hospitalists Inpatient Physician Executive, INTEGRIS OneCare Powered by Epic

### What is the Stroke Program, Edmonton Zone doing?

In response to the new TIA/minor stroke risk stratification & management guidelines endorsed by the Canadian Stroke Best Practice Recommendations, the Stroke Program Edmonton Zone has undertaken the following initiatives:

- We are updating the TIA Hotline posters and working with Primary Care Networks to provide community physicians with the new guideline updates. **Physicians should call the TIA Hotline to arrange urgent care for patients with suspected TIA's, 1-800-282-9911.**
- The Stroke Prevention Clinic (SPC) Referral form is being revised to capture the new triage guidelines, removing the ABCD<sup>2</sup> scoring system.
- New TIA algorithms and order sets are being developed for the ED and acute inpatient units across the Edmonton zone.

### Edmonton Rehabilitation Rounds

**2nd Wednesday of every month from 1200 – 1300**

\* Register on the Telehealth Scheduler

**June 10<sup>th</sup>, 2015**

Tatiana Ogourtsova from McGill University will be presenting on visual perception.

Rehab Rounds will break over the summer and resume in October, 2015. If you would like to present a case with your team, contact

[gail.eltonsmith@albertahealthservices.ca](mailto:gail.eltonsmith@albertahealthservices.ca)

### 2015 Canadian Stroke Congress

The 6<sup>th</sup> annual [Canadian Stroke Congress](#) will be taking place September 17-19<sup>th</sup> in Toronto.

#### Important Dates:

**May 26<sup>th</sup>** Registration and accommodation opens

**June 15 – July 8<sup>th</sup>** Call of Late Breaking & featured Clinical Trials

**July 17<sup>th</sup>** Early Bird Deadline

**August 7<sup>th</sup>** Advance Deadline

**September 14<sup>th</sup>** Online registration closes

Please note that SPEZ will not be providing educational scholarships to attend this meeting.

### Continuing Education

**June 2<sup>nd</sup>** [Occupational Therapy Interventions for Chronic Stroke: Comparing Intensive Task-Specific and Occupation-Based Interventions](#)

**June 2-5<sup>th</sup>** [Canadian Association of Rehabilitation Nurses 2015 Conference](#)

**September 11<sup>th</sup>** [Aphasia Treatment Across the Modalities](#)

**September 17-19<sup>th</sup>** [Canadian Stroke Congress](#)

**October 4-6<sup>th</sup>** [Charting New Grounds – Interprofessional Approaches to Dysphagia Management](#)

### June is National Stroke Month

#### Healthcare Provider Stroke Education:

The Stroke Program Edmonton Zone is offering educational sessions via Telehealth throughout the month of June to healthcare providers within Edmonton Zone. The following five topics will be offered on a rotating basis:

- FAST (a new national campaign to raise awareness of the signs of stroke)
- Stroke Accreditation for the Edmonton Zone (information on achieving Stroke Distinction through Accreditation Canada)
- Managing Inpatient Stroke (the importance of creating a process to timely and efficiently manage stroke on inpatient units)
- Edmonton Early Supported Discharge (ESD) and Inpatient/Outpatient Programs (information on Rehabilitation options for stroke survivors within the Edmonton catchment area)
- The Stroke Program Edmonton Zone Website (with information for stroke survivors and healthcare professionals)

Register to attend these sessions on the Telehealth (VC) Scheduler for June, under the title "Stroke Month Education: Current topics in Stroke Care".

#### Public Education:

The Stroke Program, Edmonton Zone also offers free stroke prevention & recognition information sessions for the public. Please spread the word to your family and friends for their workplaces or community groups. To make arrangements for a public stroke information session, please contact:

[StrokeProgramEdmontonZone@albertahealthservices.ca](mailto:StrokeProgramEdmontonZone@albertahealthservices.ca)