Edmonton Zone Transient Ischemic Attack and Non-Disabling Stroke Management Algorithm

Alberta Health Services

Transient or fluctuating symptoms of:
Unilateral weakness (face, arm, leg)
And/or **speech disturbances, hemibody sensory loss, visual disturbances**
(acute monocular visual loss, binocular diplopia or hemivisual loss)

Presents within 48 hours of symptom onset

Very High Risk

Immediately transport to the nearest Emergency and complete required diagnostics within 24 hours of presentation. (See list below right.) If you need assistance, request a Neurology consult through RAAPID at 1-800-282-9911

***Note:** No carotid imaging routinely available for TIA between 11 p.m. and 7 a.m. For stable patients presenting within this time frame imaging/consultation could occur after 7 a.m.*

Initiate the following before discharge from ED:
1) Antiplatelet therapy (if r/o hemorrhage)
2) Stroke Prevention Clinic referral
3) Neurology consult if abnormal findings on CT or vascular imaging, or if management advice required

Transient or fluctuating symptoms of:
Unilateral weakness (face,arm,leg) and/or **speech/language disturbances**

Within 48 hours to 2 week of symptom onset

High Risk

Complete required diagnostics on inpatient or outpatient basis as soon as possible within 24 hours of presentation. See required diagnostics list.
If you need assistance, request a Neurology consultation through RAAPID (1-800-282-9911)

Note: No carotid imaging routinely available for TIA between 11 p.m. and 7 a.m. For stable patients presenting within this time frame imaging and consultation could occur after 7 a.m.

Transient or fluctuating symptoms of:
hemibody sensory loss visual disturbances
(acute monocular visual loss, binocular diplopia or hemivisual loss)

Within 48 hours to 2 weeks of symptom onset

Moderate Risk

Recommend required diagnostics and Stroke prevention Clinic assessment on an outpatient basis as soon as possible within 2 weeks of presentation. See list of required diagnostics.

Note: No carotid imaging routinely available for TIA between 11 p.m. and 7 a.m. For stable patients presenting within this time frame imaging and consultation could occur after 7 a.m.

Initiate the following before discharge:
1) Antiplatelet therapy (if r/o hemorrhage)
2) Stroke Prevention Clinic referral
3) Neurology consult if abnormal findings on CT or vascular imaging, or if management advice required

Any TIA Symptoms

Greater than 2 weeks of symptom onset

Low Risk

Perform required diagnostics on an outpatient basis within 1 month of presentation and refer to Stroke Prevention Clinic. See list of required diagnostics

Atypical sensory symptoms with anatomical distribution not suggestive of stroke or TIA (e.g. patchy numbness and/or tingling)

Presents at anytime

Lowest Risk:

Brain imaging and timing based on clinical situation. Consider Stroke Prevention Clinic or Urgent Neurology Clinic referral based on clinical judgment.

Required Diagnostics for TIA

1) **Brain Imaging** (CT or MRI)
2) Non-invasive **Vascular Imaging** of neck and intracranial vessels (CTA EC/IC vessels, MRA EC/IC vessels or Doppler ultrasound of neck vessels)
3) **12-lead ECG** (assess for atrial fib)
4) **Lab Investigations** (CBC, lytes, aPTT/INR, Creatinine/ eGFR, troponin, ALT, random glucose or HgA1C)

Note: no carotid imaging routinely available for TIA between 11 p.m. and 7 a.m.

Note: A Stroke Expert may be a physician or nurse practitioner with interest/expertise in stroke management