Risk Stratification for Early Stroke Recurrence Following TIA

Factors that Suggest a High Risk for Early Recurrent Stroke Following TIA

CLINICAL FEATURES:

- Symptoms include: Focal weakness, speech difficulties
- Symptoms lasted > 10 minutes
- Age > 60
- Presence of diabetes

INVESTIGATIONS:

- Evidence of acute infarct on CT/MRI
- Evidence of carotid artery stenosis

The presence of any of these features suggests a high risk for stroke within days to weeks. All potential stroke patients should be assessed within the time frames defined below.

TIA Triage Categories

CLINICAL FEATURES	SUGGESTED TIMELINE
EMERGENT	
• Symptoms within the previous 24 hours with **two or more** of the above high-risk clinical features • **One** positive investigation • Acute **persistent** or fluctuating stroke symptoms	Immediate medical assessment in ER with brain and carotid imaging capabilities
URGENT	
• TIA within previous 72 hours	Initial diagnostic assessment within one week of event
SEMI-URGENT	
• Does not meet emergent or urgent criteria	Assessment within one month

As recommended by the Canadian Stroke Quality of Care Expert Panel, November 2005.

Clinical considerations: Patients presenting with other possible TIA symptoms, unilateral sensory changes, visual loss, ataxia or vertigo should be assessed for persistence of symptoms and urgency of referral.

Note: Isolated syncope or dizziness is rarely a TIA and may not require Stroke Prevention Clinic referral. **

Suggested Timelines for Assessment and Investigation of TIA Patients

DIAGNOSTIC TESTS	EMERGENT	URGENT	SEMI-URGENT
a) Time to assessment by neurology or other medical specialist trained in stroke from time of medical first contact	24 hours	7 days	30 days
b) Brain CT or MRI	24 hours	7 days	30 days
c) Carotid imaging (carotid Dopplers; or CT angiography; or MR angiography)	24 hours	7 days	30 days
d) ECG	24 hours	7 days	30 days

As recommended by the Canadian Stroke Quality of Care Expert Panel, November 2005.

ADDITIONAL INVESTIGATIONS: **

- **Echocardiogram: Only if suspicion of cardiac cause**
- **Holter Monitor: If suspect atrial fibrillation**
- **Laboratory work: CBC , electrolytes, creatinine, PTT, INR, fasting glucose, fasting lipid profile**

Note: If ECG/Holter Monitor shows atrial fibrillation, strongly suggest consideration of anticoagulation

To view the Canadian Best Practice Recommendations for Stroke Care, visit www.canadianstrokestrategy.ca

The Heart and Stroke Foundation of Canada thanks Boehringer Ingelheim (Canada) Ltd. for providing funds to make the development of this resource possible. The Heart and Stroke Foundation of Canada assumes no responsibility or liability arising from any error in or omission from this publication. Acceptance of financial support by the Heart and Stroke Foundation of Canada does not constitute an endorsement.

Development of this card supported by an unrestricted educational grant from

Boehringer Ingelheim
www.boehringer-ingelheim.ca

Canadian Stroke Network
Réseau Canadien contre les accidents cérébrovasculaires

HEART & STROKE FOUNDATION

** ***Amended as per the Manitoba Stroke Strategy April 2011***

The Manitoba Stroke Strategy and the Heart and Stroke Foundation of Manitoba assume no responsibility or liability arising from any error in or omission from this publication.