

Transient Ischemic Attack Clinical Care Pathway

TIA (A focal neurological deficit from presumed vascular aetiology that has completely resolved within 24 hours)

GP / ED MO

1. Clinical history / examination: – identifies + confirms TIA
2. ABCD2 score – risk assessment
3. Excludes mimics
4. Initiate investigations

Mimics

- Syncope
- Migraine
- Seizure
- Hypoglycaemia
- Sepsis
- Anxiety
- Confusion
- Subdural haematoma

ABCD² score for risk stratification

		point	score
Age	≥60 years	1	
Blood pressure	SBP ≥140 or DBP ≥ 90mmHg	1	
Clinical signs	Unilateral weakness	2	
	Speech disturbance without weakness	1	
	Other	0	
Duration of symptoms	< 10 minutes	0	
	10-59 minutes	1	
	> 60 minutes	2	
Diabetes		1	
Total Score		0-7	

Very high risk

1. History of previous TIA in last week
2. Crescendo TIA (Further TIA during or after assessment)
3. Known symptomatic carotid artery stenosis > 50%
4. Atrial Fibrillation

Admit to Stroke Unit
Via FMC ED or Stroke MO

High Risk
ABCD2 score ≥ 4
To be seen within 24hours *or admitted by TIA MO*

Low risk
ABCD2 score ≤ 3
Seen within 7 days by TIA MO

Call TIA hotline
Office hours: Monday – Friday 0900 – 1630: ph 82046891
After hours: Contact Stroke physician via FMC switchboard: ph 82045511
Complete and fax referral form to: 82048960

Neuro-imaging to

- Exclude haemorrhage
- Determine high risk patients – such as high grade carotid artery stenosis

Recommend

1. MRI/MRA (head / neck /circle of willis) preferable
2. CT/CTA – equally acceptable
3. CT and carotid U/S if others
4. unavailable

Tests to be arranged	Done	Still to be arranged
Fasting BSL, HbA1C, lipids, FBE, E/LFT, Coags, ESR, CRP		
12 lead ECG		
Echocardiogram		
Carotid artery Ultrasound (if MRA or CTA unavailable)		
Neuro-imaging (see box to left)		
Holter Monitor as required		
Review by TIA medical staff		

Implement evidence based therapies

1. Anti-platelets if brain imaging shows no haemorrhage
2. Anti-coagulation for appropriate AF
3. ACE- inhibitors
4. Statins