Transient Ischemic Attack / Minor Stroke

UC Emergency Med Quality Comm.

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Initial history suggests TIA or minor stroke:

Abrupt onset of *focal* neurologic deficit (i.e. speech disturbance, motor weakness) that is:

1. Resolved at presentation
2. Persistent but non disabling

Are there any persistent neurologic deficits?

Yes → **Treat as acute stroke** (refer to acute stroke protocol)

No ↓

- History and physical exam
- Assess and treat mimics as appropriate
- CBC
- BMP
- Lipid panel
- Hs troponin
- EKG
- CT head noncontrast
- CTA head and neck
- Neurology consult

TIA Mimics:
Migraine
Syncope
Peripheral vestibular process
Seizure
Functional / Anxiety
Transient global amnesia"
Intracranial mass/hemorrhage
Metabolic abnormality (eg, hypoglycemia, hyponatremia)

Are any high-risk criteria met?

Yes → **Admit to Neurology**

No ↓

High-risk Criteria:
Crescendo TIAs
Symptomatic internal carotid stenosis greater than 50
Known / Suspected cardiac source of embolus (eg, A-fib
Known hypercoagulable state including pregnancy
ABCD2 score ≥ 3

Admission to 23 hour observation unit (reference CDU TIA pathway inclusion criteria) for evaluation & treatment with the following goal endpoints:

- MRI head WO contrast
- Ongoing cardiac telemetry
- Echocardiogram
- Determine plan for DAPT in consultation with neurology

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