

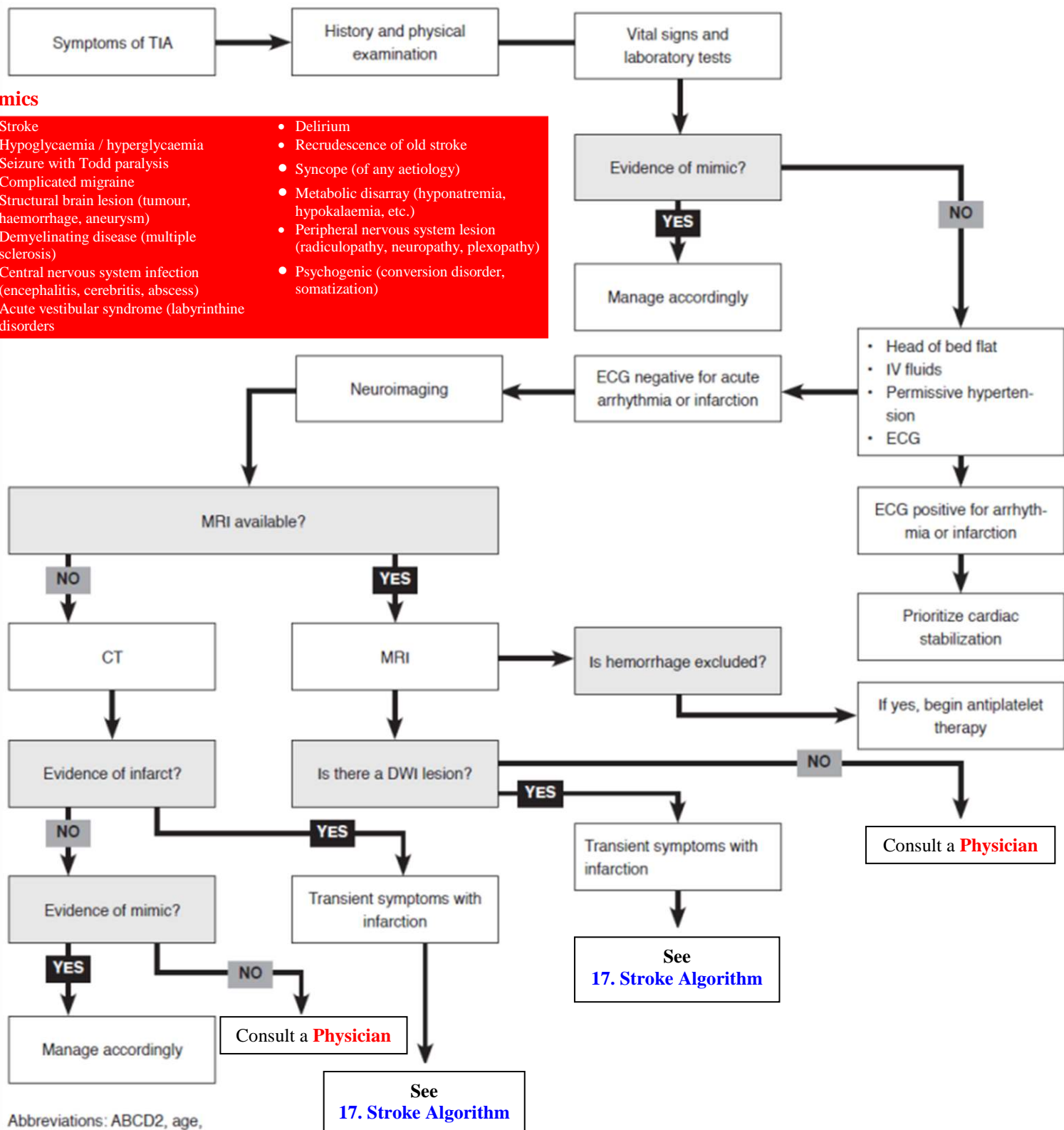
16. Transient Ischemic Attack (TIA) Algorithm

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

The **AHA/ASA** has endorsed the current definition of TIA as “a transient episode of neurological dysfunction caused by focal brain, spinal cord, or retinal ischemia, without acute infarction.” The new definition of TIA completely eliminates the element of time and emphasizes neuroimaging instead.

Mimics

- Stroke
- Hypoglycaemia / hyperglycaemia
- Seizure with Todd paralysis
- Complicated migraine
- Structural brain lesion (tumour, haemorrhage, aneurysm)
- Demyelinating disease (multiple sclerosis)
- Central nervous system infection (encephalitis, cerebritis, abscess)
- Acute vestibular syndrome (labyrinthine disorders)
- Delirium
- Recrudescence of old stroke
- Syncope (of any aetiology)
- Metabolic disarray (hyponatremia, hypokalaemia, etc.)
- Peripheral nervous system lesion (radiculopathy, neuropathy, plexopathy)
- Psychogenic (conversion disorder, somatization)



- Complete etiologic workup within 48 hours (Class II)
- Recommend carotid vessel imaging, when appropriate (Class II)
- Disposition to ED outpatient unit, inpatient, or urgent TIA clinic, depending on local resources and institutional standards (Class II)