

RETU TIA Pathway

Required prior to RETU admission

- CT head
- Stroke consult
- Transient focal neurologic deficit thought to be of ischemic etiology
- Neurology has risk stratified patient: ABCD score ≥ 3
- Anti-platelet or anti-thrombotic initiated
- Swallow study done by ED nurse or stroke consult

ED Evaluation

Not appropriate for RETU

- Hemodynamic instability
- ABCD score < 3 (possible discharge from the ED)
- Focal neuro symptoms present
- Cardiac arrhythmias of immediate concern
- Symptoms occurrence > 2 days prior
- Uncontrolled BP $> 210/120$ mmHg

RETU Intake Evaluation

(do not repeat testing if already done in ED)

Exam Focus

- Neuro
- Swallow study prior to PO

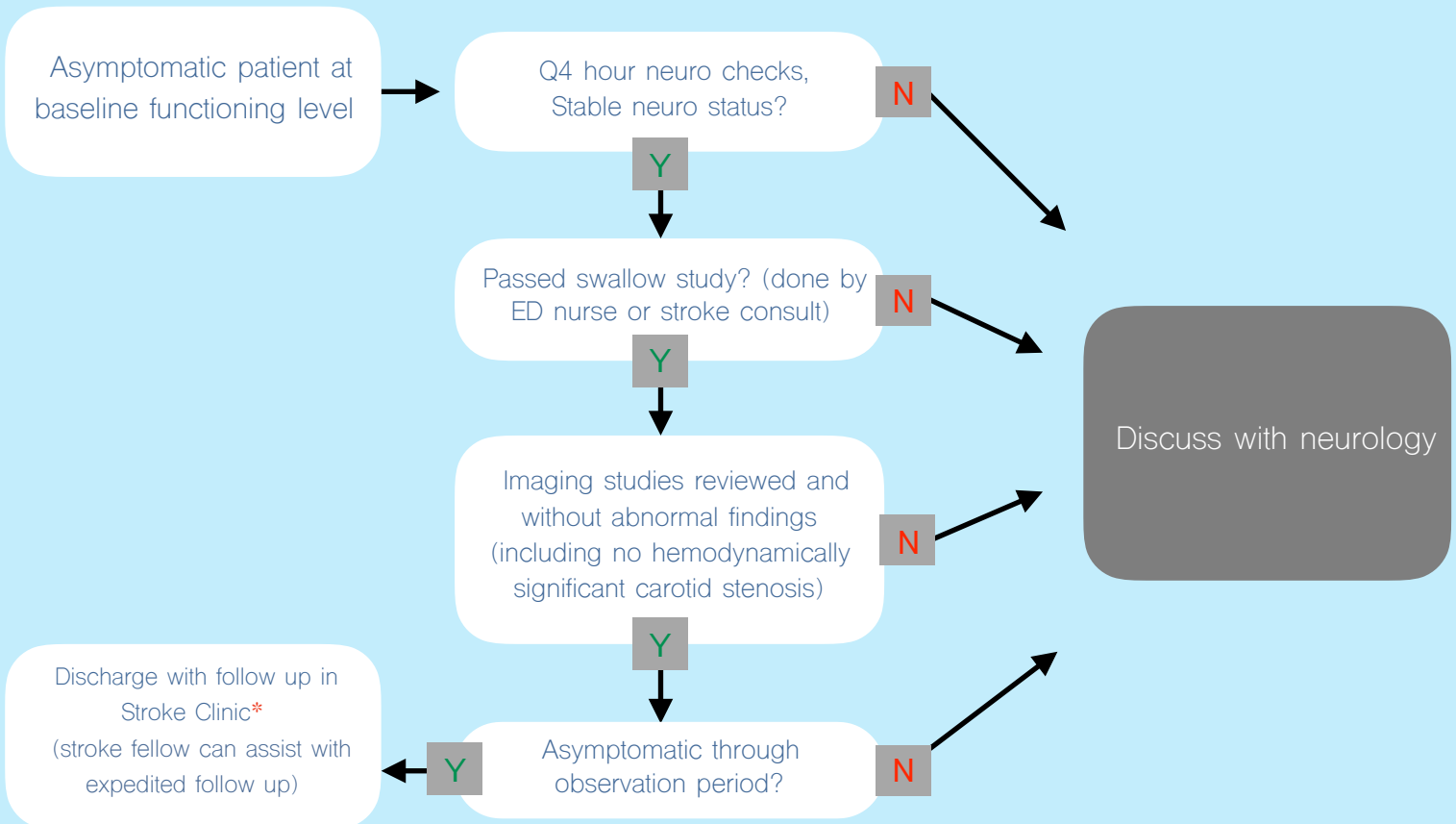
Initial Testing

- Labs: CBC, Chem 7, PT/PTT, glucose, lipid panel, HgbA1c (others as clinically indicated)
- Imaging: CTA head/neck, TTE with bubble study if recommended by stroke consult

Monitoring

- Telemetry
- Q4 hour neuro checks

RETU Treatment / Evaluation



Disposition Guidelines

Discharge from RETU

- No significant findings on imaging studies
- No longer symptomatic from acute episode
- Discharge medications as per neurology recommendations
- TIA education and stroke/TIA discharge package
- Schedule follow up for one week

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Admission to Hospital

- Discuss with neurology for possible admission if:
- Recurrence of focal neuro symptoms
- Studies reveal abnormal findings
 - Carotid stenosis $> 50\%$ or large vessel occlusion
 - TTE abnormalities
 - Significant abnormalities on telemetry