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			
E M E R G E N T				
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 1 week of event			
SEMI-U				
Does not meet emergent or urgent criteria	Assessment within 1 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.

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.

To view the Canadian Best Practice Recommendations for Stroke Care 2006, visit www.canadianstrokestrategy.ca

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