

# 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	
<ul style="list-style-type: none"><li>• Symptoms within the previous 24 hours with <b>two or more</b> of the above high risk clinical features</li><li>• <b>One</b> positive investigation</li><li>• Acute <b>persistent</b> or fluctuating stroke symptoms</li></ul>	Immediate medical assessment in ER with brain and carotid imaging capabilities
U R G E N T	
<ul style="list-style-type: none"><li>• TIA within previous 72 hours</li></ul>	Initial diagnostic assessment within 1 week of event
S E M I - U R G E N T	
<ul style="list-style-type: none"><li>• Does not meet emergent or urgent criteria</li></ul>	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](http://www.canadianstrokestrategy.ca)**

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