

CODE TIA Pocket Guide

For prevention of imminent stroke



Although stroke is one of the most preventable of all life-threatening health problems, it is the leading cause of adult disability in Canada, and the third leading cause of death.

The enclosed guidelines have been adapted from Heart and Stroke Canadian Best Practice Guidelines. Visit www.strokebestpractices.ca for more information.

For a printable digital version of this card, please visit qcnl.ca

For more information or to learn more about Quality of Care NL please visit qualityofcarenl.ca

TIA is a Medical Emergency!

Risk is based on:

- Time** since onset and
- Symptom** presentation

Symptoms

- Unilateral motor weakness (transient, fluctuating or persistent) of face arm and/or leg**
- Speech disturbance (aphasia)**
- Acute monocular visual loss (amaurosis fugax)**
- Hemibody sensory loss (transient, fluctuating or persistent)
- Binocular diplopia
- Dysmetria without motor weakness or speech disturbance

Have the symptoms presented within 48 hours?

Critical

Immediate action

- 1 Arrange Emergency transport to closest ER with CT scanner
- 2 Non-invasive vascular imaging (CT/CTA) including intra and extra-cranial vessels
- 3 12-lead ECG
- 4 Antiplatelet therapy if no blood on CT Scan

Have the symptoms presented within 2 weeks?

Urgent

Action within 24Hrs

- 1 Immediate evaluation at closest ER with CT scanner
- 2 Non-invasive vascular imaging (CT/CTA) including intra and extra-cranial vessels
- 3 12-lead ECG
- 4 Antiplatelet therapy if no blood on CT Scan

Have the symptoms presented within 3 months?

At Risk

Action within one month

- 1 Assessment at closest Stroke Prevention Clinic or by healthcare professional with expertise in stroke prevention as soon as possible.

If extra-cranial imaging indicates symptomatic ipsilateral stenosis > 50% arrange urgent follow-up with Vascular Surgeon on-call!