



Stroke Care 2006: Critical Issues in Emergency Medicine

ED Transient ischemic Attack Patient Management: Can At-risk Ischemic Stroke Patients Be Identified?

Andrew Asimos, MD, FACEP

**Adjunct Associate Professor
Department of Emergency Medicine
University of North Carolina School of Medicine**

Learning Objectives

- Review the data that quantifies what is the risk of acute ischemic stroke in the early days following an ED visit for an acute transient ischemic attack.
- Discuss how those TIA patients who are at greatest risk for a subsequent ischemic stroke can be identified and optimally managed in the ED.

Background

Since the *JAMA* publication of the Kaiser-Permanente data that suggests that there is significant short-term risk of acute ischemic stroke following the ED presentation for an acute transient ischemic attack, there has been much discussion as to how this risk can be best quantified and minimized. Although the data could be interpreted to mean that all TIA patients must be admitted following an ED TIA presentation, others have examined this data and concluded that the risk does not necessarily warrant admission for all ED TIA patients as long as risk stratification and a nominal workup can take place in the ED.

The ability to safely disposition TIA patients home from the ED relies upon the ability to successfully stratify patients based on demographic and clinical factors obtained during the initial ED evaluation. Exactly which patients are at sufficiently low risk is the important question. Can we assess that a patient is at low enough risk that an outpatient evaluation is appropriate following an ED evaluation for TIA symptoms? If so, which clinical factors suggest a low enough risk of subsequent ischemic stroke to merit this disposition decision?

Key Clinical Questions

What is the short-term risk of an acute ischemic stroke following a TIA that is diagnosed in the ED?

Can those patients who are at greatest risk for an ischemic stroke following a TIA be identified based on clinical and diagnostic factors such that their ED management and disposition can be optimized?