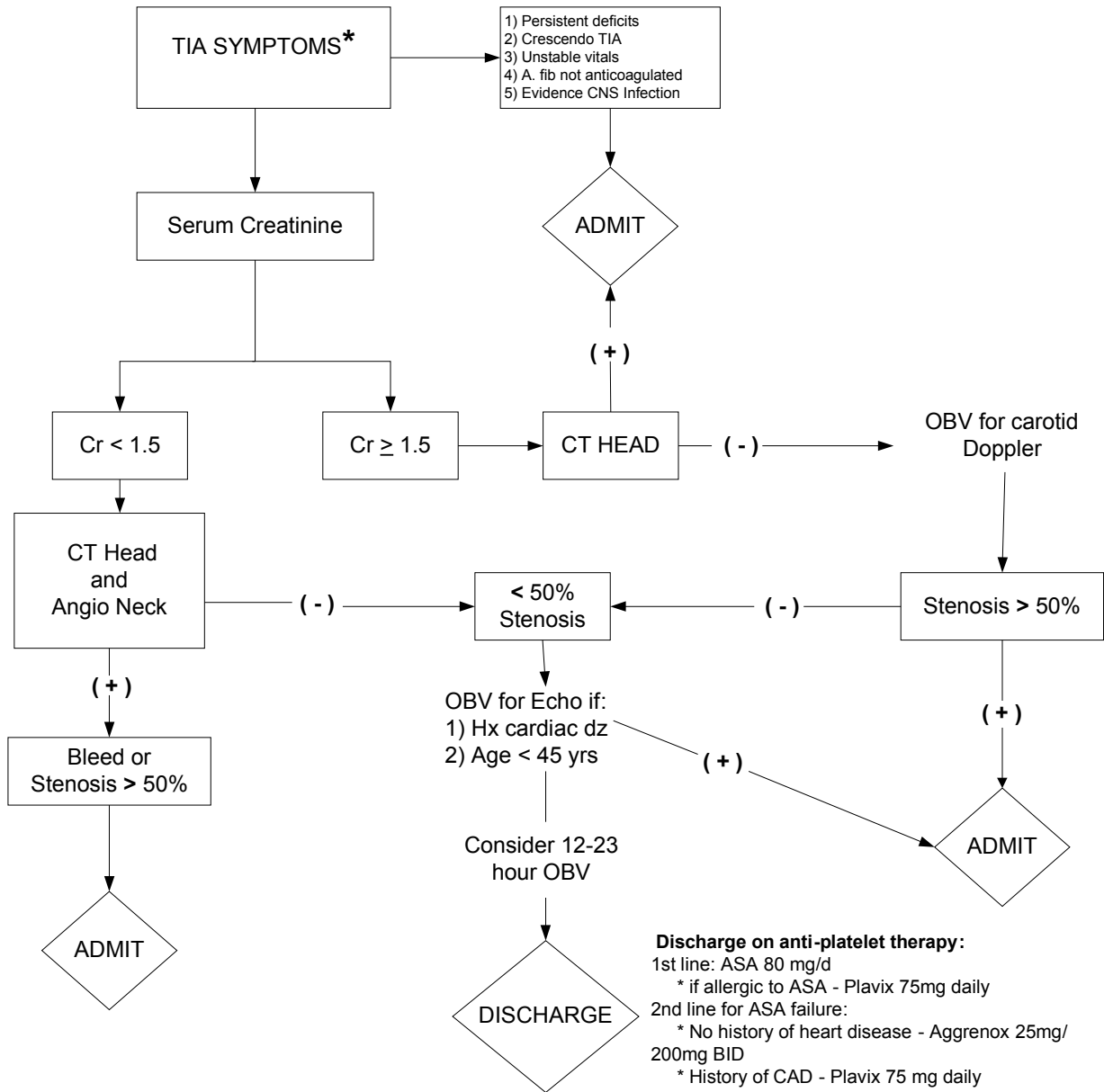


TIA Guideline

Spectrum Health Emergency Department



Discharge on anti-platelet therapy:
 1st line: ASA 80 mg/d
 * if allergic to ASA - Plavix 75mg daily
 2nd line for ASA failure:
 * No history of heart disease - Aggrenox 25mg/200mg BID
 * History of CAD - Plavix 75 mg daily

*Neurological history and exam to r/o other etiologies such as syncope, seizure, migraine¹ and confirm that **symptoms have completely resolved** (if not resolved, consider stroke team activation):

- Anterior circulation symptoms:
 - hemiparesis
 - unilateral sensory loss
 - visual field deficit
 - gaze preference
 - aphasia
 - hemi-neglect
- Posterior circulation symptoms (usually several symptoms):
 - vertigo
 - ataxia
 - intractable vomiting
 - crossed deficits
 - locked-in (move lids only)
 - nystagmus/ disconjugate gaze

Diagnostic Testing

- EKG¹ (r/o new onset atrial fibrillation – approx 2% TIA¹)
- Lab:
 - Basic chemistry profile, CBC (r/o hypoglycemia, assess renal function and platelets)
 - INR if on Coumadin
 - Consider ESR if < 45 yrs (r/o vasculitis)
- Head CT (non-contrast)^{1,2}
 - MRI/MRA may be ordered by neurology as outpatient or inpatient but is not recommended as part of the routine ED evaluation of TIA.^{2,3}
- **CT angiography neck**^{2,4-6}
 - Do not order if patient/family does not want any intervention (medical manage only) or, if patient has minimal stenosis noted on recent carotid imaging study (within 1 year)
 - If creatinine > 1.5 mg/dL^{7,8}, carotid Doppler preferred
 - Results of carotid imaging:
 - positive for significant stenosis (> 50%) – admit
 - negative or mild stenosis (< 50%) – discharge home with PCP or neurology follow-up confirmed or transfer to OBV for period of observation
- **Transthoracic echocardiogram**¹ recommended if
 - minimal carotid stenosis and either one of the following:
 - significant cardiac disease (higher prevalence of intracardiac thrombus^{9,10})
 - younger than 45 yrs (2% prevalence of intracardiac thrombus¹⁰)

Hospital Admission Criteria:

- Persistent deficits
- Crescendo TIA symptoms (more than 3 episodes in 72 hrs¹)
- Unstable vital signs
- Atrial fibrillation and not adequately anti-coagulated¹¹
- CNS infection (fever)
- Abnormal head CT (bleed or acute ischemia)
- Significant cerebrovascular stenosis identified (> 50%)
- If urgent neurologic consultation desired

OBV Transfer Criteria:

- Time-intensive studies such as echocardiography or carotid Doppler indicated
- CT angiography reveals mild stenosis (< 50%) and 12-23 hours observation desired

Discharge Medical Management:

- Anti-platelet therapy: ^{1,3,12}
 - First-line: ASA 80 mg/d or Aggrenox (25mg/200mg) twice daily¹³⁻¹⁵
 - If allergic to ASA: Plavix (Clopidogrel) 75 mg daily
 - Second-line for ASA failures:
 - If no history of heart disease (CAD): Aggrenox (25mg/200mg) twice daily^{14,15}
 - If history of CAD, consider: Plavix (Clopidogrel) 75 mg daily without ASA
- Initiate cholesterol-lowering agent for those with any carotid artery stenosis, PMHx CAD or elevated lipids^{3,16}
- Consider outpatient follow-up with neurology

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