

TIA Pathway

This protocol is designed to facilitate rapid ambulatory evaluation of possible TIA patients presenting to UCMC ED.

Background requirements:

1. All patients will be evaluated by a neurology resident on-call
2. Neurology residents will use the below clinical criteria and their own assessment to help guide decision making re: use of the pathway with the attending stroke neurologist on-call
3. The pathway will consist of workflows to establish criteria for observation admissions or OP follow-up with the stroke neurology clinic (scheduling orders/workflows) as well as orders for any ambulatory diagnostic studies

Clinical Criteria:

1. Diagnosis of TIA as discussed with stroke neurologist on call
 - a. Resident should document ABCD2 score*
2. Completed imaging of major neck vessels without evidence of pathology
3. Exclusion criteria include:
 - a. Persistent symptoms
 - b. Evidence of intracranial pathology despite absence of symptoms
 - c. Diagnosis of alternative etiology for patient's symptoms

Pathway

- A. TIA patients with ABCD < 4
 1. Patient will receive antiplatelet therapy (MAPT: choice at attending's discretion) as indicated.
 2. Follow-up appointment will be made with Stroke Neurology as follows:
 - a. Send an Epic message to NeuroScheduling Pool and Tamica Clark with the subject line: TIA patient and include the patient's name and MRN in the body of the text
 3. Place an OP MRI brain order
 - a. Send an email to Kristan.Johnson@uchospitals.edu (cc: smendels@neurology.bsd.uchicago.edu & Cedric.McKoy@uchospitals.edu) with the subject line "Expedited MRI for TIA patient". Include patient's name and MRN in the body of the text.
 4. Place an OP TTE order
 5. Resident will complete consult note prior to patient discharge from ED
- B. TIA patients with ABCD ≥ 4
 1. Patients will receive DAPT (ASA 81 mg and plavix 300 mg PO x1) in ED unless contraindicated
 2. Resident to place admission under Observation status to APS Stroke Service
 3. Resident to place the following orders
 - a. ASA 81 mg PO qday, Plavix 75 mg PO qday unless contraindicated
 - b. TTE w/ bubble (conditional upon discharge)
 - c. MRI brain w/wo
 - d. Stroke labs
 - e. DO NOT order head of bed flat
 - f. DO NOT order PT/OT unless otherwise indicated

*See appendix

Appendix

ABCD2 score

Criterion	Points
age \geq 60 yrs	1
SBP \geq 140 mm Hg or DBP \geq 90 mm Hg	1
clinical features	
speech impairment	1
unilateral weakness	2
duration	
10–59 min	1
\geq 60 min	2
diabetes	1

* Data obtained from Naghavi et al.¹⁵³ DBP = diastolic blood pressure; SBP = systolic blood pressure.

Note: If clinical criteria is not met for each domain then no points are scored. Initial blood pressure upon presentation is the value to consider when designating points. Pure sensory symptoms do NOT get any points.