# Transient Ischemic Attack (TIA) Guideline

## TIA Diagnosis Criteria

- History of clinical symptoms including, but not limited to:
  - **Balance**: Sudden trouble walking, dizziness, loss of balance or coordination
  - **Eyes**: Sudden double vision or trouble seeing out of one or both eyes.
  - **Face**: Sudden drooping or numbness on one side of the face.
  - **Arm**: Sudden numbness or weakness of the arm, especially on one side of the body.
  - **Speech**: Sudden confusion, trouble speaking or understanding.
- Complete resolution of symptoms with no active fluctuation.
- Stable neuro exam and NIHSS without any appreciable deficits as compared to baseline

## Emergency Department Work-Up

- Neurology phone consult or in-house evaluation if available
- CT Scan head without contrast - rule out hemorrhage, early ischemia (ideally followed by an MRI brain if available)
- Basic Labs: Bedside Glucose, CBC, BMP, Platelets, PT-INR, PTT, Troponin
- 12 lead ECG
- Continuous cardiac monitoring for duration of ED visit
- Normal Saline 0.9% IV TKO
- Permissive hypertension if CT negative for hemorrhage (BP goal <220/120)
- HOB 30 degrees until basic work-up is completed

*If Neurology confirms TIA diagnosis based on discussion, patient should have vascular imaging prior to discharge. If unavailable at the presenting facility, transfer to a *PSC/PSC Plus/TSC/CSC should be arranged.*

- Stat CTA or MRA head & neck if available
- Carotid duplex (only if contraindication to CTA/MRA)
  - Re-consult with Neurology based on findings of vascular imaging.

## Transfer Criteria

- Abnormal vascular imaging (significant intracranial or extra cranial atherosclerotic disease - may need intervention vs close observation in intensive care unit)
- Ischemic lesion on CT/MRI brain - Diagnosis of stroke not TIA. (Tissue based definition update)
- Fluctuating symptoms with more than 1 TIA in the past one month
- Medical instability (New onset atrial fibrillation, hypertensive emergency, cardiac instability and others)
- ABCD² (Age, Blood Pressure, Clinical features of TIA, Duration/Diabetes-see guide) score 2-7
- ABCD² score 0-1, but completion of stroke workup cannot be arranged within 7 days (based on availability of outpatient neurology provider urgent openings, non-compliance suspected)

## Disposition

- All TIA patients should be discussed with neurology prior to discharge.
- Ideally based on ABCD2 score, if the initial imaging workup is negative:
  - ABCD² score 0-1 —> Refer to neurology clinic in 7 days
  - ABCD² score 2-7 —> Admission to PSC/PSC Plus/TSC/CSC

  *These numbers are based on availability of neurology clinic appointment within 7 days.*

- For patients not currently on antithrombotic therapy with suspicion of TIA and no contraindications to antithrombotic therapy, Aspirin 325 mg po should be initiated.
- If decision to discharge; transthoracic echo, fasting lipid panel, HbA1c should be ordered prior to outpatient neurology follow up. Patients should also be scheduled for a 1 week follow up with PCP.

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*PSC-Primary Stroke Center PSC Plus- Primary Stroke Center Plus TSC- Thrombectomy Capable Stroke Center CSC-Comprehensive Stroke Center*