For patient who presents to the ED with transient focal neurological or retinal symptoms that have resolved at the time of initial Emergency Medicine provider assessment:

Immediate triage & physician assessment

Deficits confirmed as resolved?

Yes

Use the ED TIA/SubAcute Stroke Order Set

No

CT head with CTA head and neck performed STAT, ED Code Stroke NOT activated at this time

Completed stroke, hemorrhage or other significant abnormal finding?

Yes

Consult Neurology Admit to hospital

No

Further clinical evaluation & monitoring (ECG, labs, UA) – consider the DDx of TIA

TIA still suspected as etiology of presenting symptoms

Assess for any high-risk features:
- Moderate or high grade stenosis in a symptomatic artery
- ECG/telemetry shows a significant dysrhythmia (including AF) or ischemia
- BP persists >180/100 or other abnormal or unstable vital signs
- Co-morbid high-risk medical condition
- Concerning lab abnormalities
- Known hypercoagulable state

Perform ABCD2 Score

ABCD2 Score 0-3:
- Load with aspirin 325 mg po x1, continue 81 mg po daily

ABCD2 Score ≥ 4 and/or high-grade stenosis in symptomatic artery:
- Load with clopidogrel 300 mg po x1, continue 75 mg po daily
- Load with aspirin 325 mg po x1, continue 81 mg po daily

See ED Management of non-TNK, non-EVT Acute Stroke Patients

Consult Neurology

Page Neurology to discuss appropriate patient disposition

Neurology recommends admission to the hospital

CDU admission

*Criteria for CDU observation:
- no high-risk features
- pt must be able to safely ambulate unassisted to the bathroom and back
- must have passed their dysphagia screen
- must not have baseline severe dementia, neurological or medical co-morbidities

References:
- Ticagrelor and Aspirin or Aspirin Alone in Acute Ischemic Stroke or TIA (THALES). NEJM.2020;383;207-17.

ABCD2 Score

Score
Age ≥ 60
Blood Pressure >140/90
Clinical Features of TIA:
- Unilateral weakness +/- speech impairment
- Speech impairment w/o unilateral weakness
Duration:
- TIA duration ≥60 minutes
- TIA Duration 10-59 minutes
Diabetes

Score
1
1
2
1
2
1
1

Note: If deficits recur at any time while the patient is in the ED, the time pt was last documented to have symptoms resolved is the new time last known well (the clock resets with full resolution of deficits).