Acute Management of TIA Care Bundle		
All Patients Presenting to hospital with TIA should receive:	Date and time of admission ___/___/____ ____:_____	Signature Physician/Nurse
☐ Evaluation to confirm or exclude a diagnosis of TIA*		
☐ Individual evaluation of clinical syndrome and risk profile		
☐ ABCD2 assessment when TIA is probable or possible A Age: ≥ 60 years (1 point) B Blood pressure: ≥ 140/90mmHg (1 point) C Clinical features: ▪ unilateral weakness (2 points), ▪ speech impairment without weakness (1 point) D Duration: > 60 mins (2 points), 10-59 mins (1 point) D Diabetes (1 point) Max score = 7. Interpretation: 5-7 = Higher risk of early stroke recurrence has been observed in large patient groups, particularly if treatment is delayed *The validity of the ABCD2 score is not established for:* (1) *Younger patients with TIA due to causes other than atherosclerosis (e.g. arterial dissection, endocarditis)* (2) *Posterior circulation territory TIA*		
☐ CT or MRI of brain within 24 hours, if TIA suspected		
☐ Imaging of carotid arteries as soon as possible, but no later than 72 hours, if TIA suspected†		
☐ 12-lead ECG, fasting lipids and glucose, FBC, U+E, coag.		
☐ Aspirin, if symptoms resolved (150-300mg one-time loading unless contraindicated)		
☐ Early referral to Stroke Specialist team**		
☐ Consider hospital admission for selected patients ‡		

Approved by: National Stroke Programme and Working Group including National Clinical Lead for Stroke Prof. Joe Harbison
Approval Date: October 2016
Review Date: October 2018
Contact person for queries/feedback: joanmccormack@rcpi.ie

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***TIA Diagnosis:**

TIA is defined as: Acute loss of focal *cerebral or ocular* function with resolution of symptoms and signs within 24 hours, presumed due to embolic or thrombotic vascular disease.

The following syndromes are highly unlikely caused by TIA: headache, blackouts, vague generalised weakness, palpitations, seizures, isolated vertigo, bilateral visual blurring

†Carotid Stenosis:

† Patients with stenosis of the internal carotid artery of 50% or more, or carotid occlusion, are at high risk of early stroke recurrence and require early referral to Stroke Specialist and Vascular Surgery teams

****Stroke Specialist Referral:**

**Further cardiac and other investigations may be required for selected patients. Treatment of hypertension, elevated lipids, or atrial fibrillation may be required.

‡Admission Criteria:

‡Consider hospital admission for the following patient groups:

1. Recurrent TIAs
2. Symptomatic carotid stenosis ≥50%
3. Focal motor/speech symptoms and long symptom duration (>1 hour)
4. Unavailability of rapid access to brain and carotid imaging
5. Young patient with likely TIA due to non-atherosclerotic disease
6. Poor social supports to activate emergency stroke services in event of recurrent TIA/stroke

*Source: Irish Heart Foundation, European Stroke Organisation, American Stroke Association Guidelines

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