# Acute Management of TIA Care Bundle

All Patients Presenting to hospital with TIA should receive:

<table>
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<tr>
<th>Date and time of admission</th>
<th>Signature Physician/Nurse</th>
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- 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 ‡
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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 TIA
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*