



Transient Ischemic Attack/Stroke

Pre-Referral Consideration:

1. For acute stroke/TIA symptoms - Call 911 immediately
2. Assess for HTN, DM, and hyperlipidemia - Are risk factors well controlled?
3. Assess for Ischemic stroke/TIA (that is no cerebral bleeding)
4. Use anti-platelet and statins
5. Anticoagulation for A-fib

Red Flags:

1. Consider imaging, alternate referral or emergent referral
2. Malignant hypertension, worst headache of their life, visual, gustatory auditory auras, seizure disorder

Lab Studies:

1. Lipid profile especially LDL, Diabetes Mellitus, blood glucose and HbA1c

Imaging Studies:

1. We prefer CTA head and neck, so no need for carotid US

Tests to Avoid:

1. No need for EEG if high suspicion for stroke. Don't order MRI brain, carotid Doppler.

Comments:

1. Detailed history of symptoms/episodes of focal symptoms
2. Vascular risk factors such as hypertension, hyperlipidemia, diabetes, smoking, atrial fibrillation, obstructive sleep apnea
3. Start aspirin and statin if have suspicion for TIA/stroke
4. May include cardiac work up such as echocardiogram, cardiac monitoring if done

Note: Our providers prefer to review any imaging studies themselves

Comments: Unnecessary testing should be avoided, however, if a primary care provider has a high index of suspicion appropriate pre-referral testing could be ordered.