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Contact: Clinical_Pathways_Program@health.qld.gov.au

Queensland Government

# Transient Ischaemic Attack (TIA) / Stroke Clinical Pathway

Facility: ..........................................................................

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

## ROSIER Score (Recognition Of Stroke In Emergency Room)

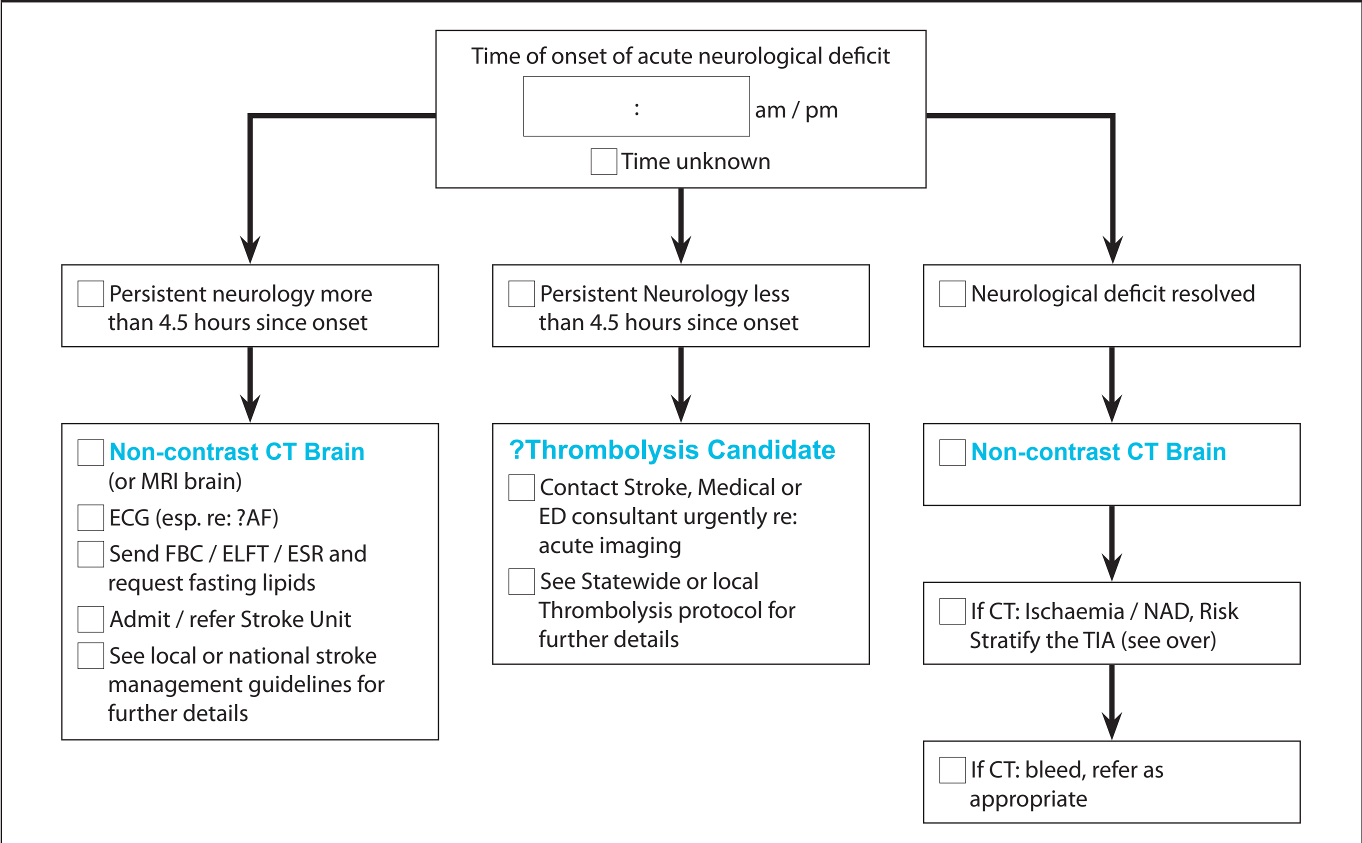
If the patient has had **acute onset** of symptoms, calculate the following score:

| | Score | Item |
|---|---|---|
| ☐ | (+1) | Asymmetric face weakness |
| ☐ | (+1) | Asymmetric arm weakness |
| ☐ | (+1) | Asymmetric leg weakness |
| ☐ | (+1) | Speech disturbance |
| ☐ | (+1) | Visual field defect |
| ☐ | (-1) | Seizure activity |
| ☐ | (-1) | Loss of consciousness or syncope |
| | | **Total** (if the total score is +1 or more, or stroke is suspected on other clinical grounds then triage Category 2. Possible score of -2 to +5.) |

## Assessment

| Assessment | Completed | Initial | Time | Date |
|---|---|---|---|---|
| Primary and secondary survey | ☐ | | | |
| Perform BGL on arrival (notify MO and treat if BGL < 3.5 mmol/L) | ☐ | | | |
| RMO to follow flowchart overleaf, and use as a guide to make clinical decisions based upon the recommendations | ☐ | | | |

## Initial assessment

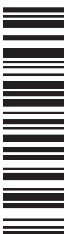



## Signature log (every person documenting in this clinical pathway must supply a sample of their initials and signature below)

| Initials | Signature | Print name | Role |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

DO NOT WRITE IN THIS BINDING MARGIN

v6.00 - 07/2021
Mat. No.: 10248311



SW245

TRANSIENT ISCHAEMIC ATTACK (TIA) / STROKE CLINICAL PATHWAY

Queensland Government

# Transient Ischaemic Attack (TIA) / Stroke Clinical Pathway

(Affix identification label here)

URN:

Family name:

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Date of birth: Sex: ☐ M ☐ F ☐ I

## Risk stratification of TIA

ABCD² Score for Risk Stratification. Maximum score of 7.

**Age**

| | | |
|---|---|---|
| 60 or more years | ☐ | (1) |

**Blood pressure**

| | | |
|---|---|---|
| Systolic greater than or equal to 140 and / or Diastolic greater than or equal to 90 | ☐ | (1) |

**Clinical signs**

| | | |
|---|---|---|
| Unilateral Weakness; ***OR*** | ☐ | (2) |
| Speech disturbance without weakness | ☐ | (1) |
| Other | ☐ | (0) |

**Duration of symptoms**

| | | |
|---|---|---|
| Less than 10 minutes | ☐ | (0) |
| 10 minutes – 1 hour | ☐ | (1) |
| More than 1 hour | ☐ | (2) |

| | | |
|---|---|---|
| Diabetes | ☐ | (1) |

**Total:** ☐

**High Risk TIA** ☐ 4–7 points →

**☐ Admit to hospital**
- See local or national stroke management guidelines
- If last symptoms were more than one week ago then treat as low risk

↑

☐ 1 or more complicating factors

↑

**Low Risk TIA** ☐ 0–3 points →

**Complicating factors**
- ☐ New / untreated atrial fibrillation
- ☐ Recurrent / crescendo TIAs
- ☐ Carotid territory symptoms or known carotid artery disease
- ☐ Other (if in doubt, discuss with stroke specialist or admit for assessment)

↓

☐ No complicating factors

↓

**☐ Discharge from Emergency Department**
- ☐ Anti-platelet agent (unless contraindicated)
- ☐ Arrange outpatient appointment within 1 week (include this page with referral; tick when referral has been made)

Further imaging studies and consideration of antihypertensive and lipid-lowering therapy will be addressed at the outpatients appointment
- ☐ Advise not to drive or enter other risk situations until review
- ☐ Advise smoking cessation if relevant
- ☐ Notify LMO (include this page with letter)

Medical Officer's initials: ..................

## Medication recommendations for patients discharged from ED (all to be given orally)

| Drug | Dose | Comments |
|---|---|---|
| Aspirin | 100mg once daily | ***All patients*** in whom haemorrhage has been excluded with CT or MRI brain (unless contraindicated) Dual antiplatelet therapy asprin and clopidogrel is recommended for three weeks, then reduce to single agent (either aspirin or clopidogrel) life long. |
| Clopidogrel | 75 mg once daily | |

- If the patient is in atrial fibrillation, commence appropriate oral anti-coagulant agent.

## Comments

DO NOT WRITE IN THIS BINDING MARGIN

Stroke Foundation Australian Clinical Guidelines for Stroke Management 2017 – Transient Ischaemic Attack (TIA) management.