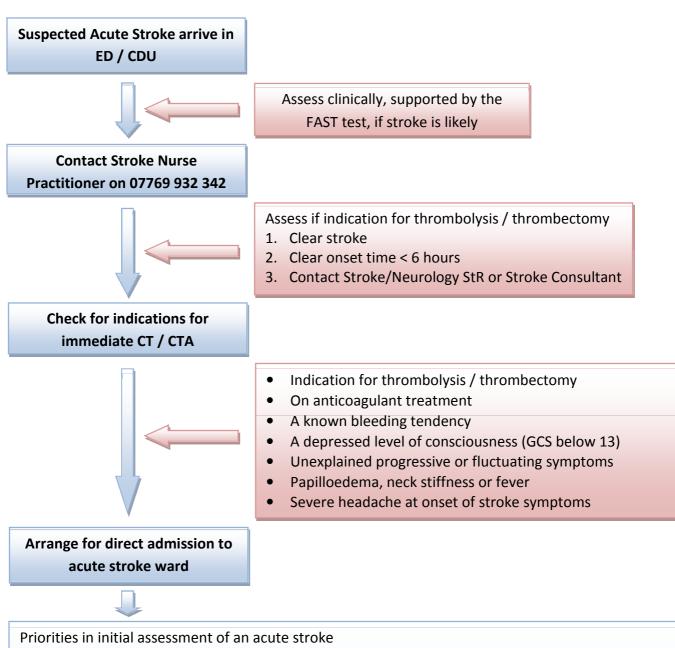
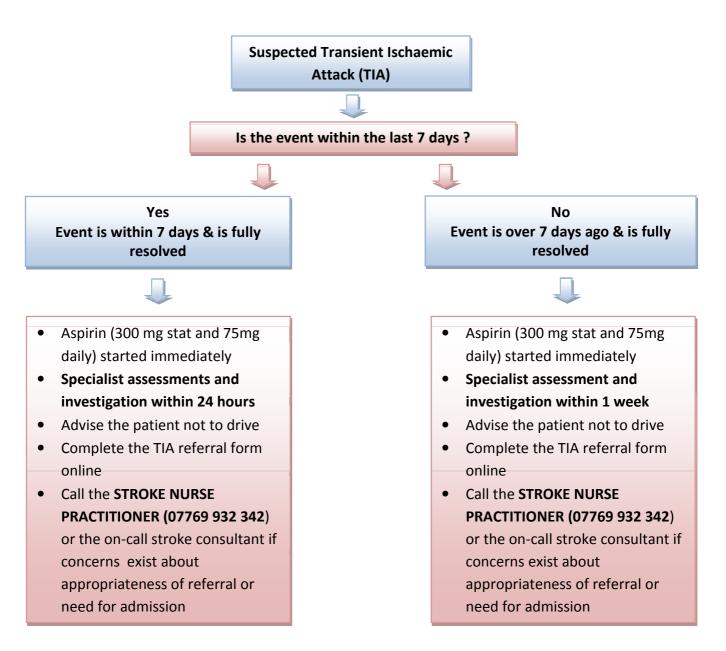
DIAGNOSIS AND INITIAL MANAGEMENT OF ACUTE STROKE AND TRANSIENT ISCHAEMIC ATTACK (TIA)



- Ensure thrombolysis pathway activated if needed (if in doubt check)
- Arranging early brain imaging (immediate as above otherwise within 1 hour)
- Give initial 300mg of aspirin (po/pr) once bleeding excluded
- Arrange for Dysphagia Screening Test within 4 hours

The Stroke Nurse Practitioner works until 8pm daily. Consultant advice is available 24 hours / day Direct admissions to the stroke unit must occur 24 hours / day



ADDITIONAL INFORMATION

The risk of early stroke following a TIA is high. If in doubt it is advisable to contact the stroke team to confirm urgent TIA clinic is both appropriate and available to allow safe discharge.

Remember a TIA cannot be diagnosed until symptoms have fully resolved.

If genuinely aspirin intolerant, give clopidogrel (300 mg stat and 75mg daily) or call for advice.

SYNCOPE AND SEIZURES ARE NOT EXPECTED IN A TIA and other aetiologies should be sought. Patients with alternative diagnoses may not be safe to discharge – please consult alternative pathways and / or the medical on-call team.

As patients may need to attend clinic within a few hours of discharge and more history may be required, please ensure there is a clear contact number for both the patient and the referring doctor is attached.