**SYMPTOMS AND LABS**

**HIGH RISK**

Sudden onset of transient neurological dysfunction, usually lasting several minutes to a few hours.

Includes weakness or numbness on half of the face/body, difficulty speaking or understanding speech, partial loss of vision or double vision, dizziness, imbalance, difficulty walking.

**SUGGESTED PREVISIT WORKUP**

Refer to ED if symptoms have not resolved or occurred within the last 72 hours.

MRI brain, CT head if unable to do MRI, CTA or MRA head and neck preferred, carotid U/S only if unable to do either CTA/MRA, TTE with bubble study.

**LABS:**

Fasting lipid panel, fasting blood glucose or HbA1c, most recent CBC, CMP and U/A.

**MODERATE RISK**

Symptoms are the same as under “High Risk”, however, the symptoms have been present for greater than 48 hours and the patient has already had a complete work up for TIA and appropriate secondary stroke measures are in place.

**SUGGESTED WORKUP**

Continue secondary stroke prevention measures.

Neurologist can help if there is further, more specialized testing needed in unusual cases, such as TEE, prolonged cardiac monitoring, and evaluation for blood coagulation disorders.

**LABS:**

Fasting lipid panel, fasting blood glucose or HbA1c, most recent CBC, CMP and U/A.

**LOW RISK**

Symptoms are likely due to another process, such as migraine aura, benign positional vertigo or isolated sensory complaints without objective findings, especially in the setting of a negative stroke work up in the past.

**SUGGESTED MANAGEMENT**

Ensure appropriate primary prevention measures for stroke/TIA are in place:

Risk factor management for diabetes, hypertension, hypercholesterolemia, and tobacco use.

**CLINICAL PEARLS**

- Transient neurological symptoms that last only seconds are unlikely to be TIA
- Paresthesia isolated to the face or part of a limb, slurred speech without facial droop or other deficits and vertigo without any other deficits are unlikely to be TIA and alternative explanations should be considered
- Actual reports of all diagnostic testing (imaging, echo and labs) are strongly preferred over second hand reports of results.
- Please make sure actual images are available for review on IMPAX or disc prior to the patient’s appointment.

*These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.*