

TRANSIENT ISCHEMIC ATTACK

CDU INCLUSION CRITERIA

- Stable vital signs
- Pt at neurologic baseline with no focal neurologic deficits
- Head CT negative for acute process (bleeding, mass, infarct, etc)
- Successfully passed bedside swallow evaluation
- Symptom duration less than 24 hours

CDU EXCLUSION CRITERIA

- ABCD2 score ≥ 4
- Unstable vital signs
- Acute process on head CT
- Conditions making serial neurologic exams problematic or unreliable; ex: significant prior neurologic deficit, severe dementia
- Dysrhythmia or signs of ischemia on EKG
- Any persistent acute neurologic deficit
- Presence of coexisting pathology (infection, angina)
- Unable to tolerate PO, failed bedside swallow evaluation
- Known risk for embolic disease: atrial fibrillation, carotid stenosis $>50\%$, artificial heart valves, patent foramen ovale, myocardial infarction in past 6 months, intravenous drug use, dilated cardiomyopathy, suspected endocarditis, known mural thrombus
- Known hypercoagulable disease
- Pt has undergone TIA evaluation in last 6 months
- Nonfocal symptoms (ie confusion, general weakness)

CDU INTERVENTIONS

- Serial vital signs and re-evaluation
- Cardiac monitoring
- Neurology consultation
- Per neurology MRI/MRA head/brain/neck with and without gadolinium, diffusion weighted imaging sequence
- If contraindication to MRI, carotid ultrasound and noncontrast head CT
- Fasting lipid panel in AM
- Transthoracic echocardiogram with bubble study

CDU DISPOSITION

Home

- Stable vital signs

- Patient at neurologic baseline
- Workup completed
- Neurology consult completed
- Outpatient followup arranged

Admit

- Unstable vital signs
- Arrhythmia during cardiac monitoring
- Recurrent neurologic symptoms
- Development or recognition of stroke on MRI
- Significant carotid stenosis on imaging requiring urgent revascularization
- Evidence of thromboembolic source requiring inpatient anticoagulation
- Discretion of attending physician or consultant