

TIA Assessment Guidelines

DIAGNOSIS

Typical of TIA ¹	Not typical of TIA (if in isolation)
Sudden onset	Confusion (exclude dysphasia)
All symptoms at outset, not progressive	Impaired consciousness
Loss of function, not addition	Amnesia
Rapid recovery; > 1 hr is probably stroke	Dizziness or light headedness
Symptoms tend to be focal, not general	Generalised weakness or sensory symptoms
Unilateral weakness face/arm/leg (50%)*	Fainting or syncope
Unilateral altered sensation (35%)*	Incontinence – bladder or bowel
Dysphasia (18%)*	
Monocular blindness (5%)*	Bilateral blurred vision or scintillating scotoma

Consistent with TIA if occurring along with other typical symptoms

- Dysarthria (23%)
- Ataxia (12%)
- Vertigo (5%)
- Diplopia (5%)
- Dysphagia (1%)

Carotid Territory

Cerebral hemispheres are supplied through the carotid arteries. Typical symptoms are contralateral weakness or sensory disturbance, ipsilateral blindness, and, if the dominant hemisphere is involved, dysphasia, aphasia or speech apraxia

Posterior Territory

The vertebrobasilar arteries supply the brain stem, cerebellum, and occipital lobes. Symptoms include nystagmus, vertigo, dysphagia, dysarthria, diplopia, blindness, truncal or limb ataxia, spastic paresis, impaired consciousness, tachycardia, labile BP

This distinction is important since carotid doppler ultrasonography with a view to endarterectomy is justified in patients with severe carotid disease only if symptoms have arisen from the anterior circulation.

Risk of Stroke according to ABCDD scores (on next page)

Score 0-3	Stroke risk	after 2 days	1%
		after 7 days	1%
Score 4-5	Stroke risk	after 2 days	4%
		after 7 days	6%
Score 6-7	Stroke risk	after 2 days	8%
		after 7 days	12%

When referring a patient include any extra relevant information in a covering letter and any investigations (if known): ECG, FBC, ESR, Lipids, Glucose, U&E's plus current drugs.

¹(%) frequency reported in Oxfordshire Community Stroke Project

Referral to TIA Clinic

To be accompanied by a clinical letter – See over for guidance as to whether referral appropriate
Fax (03) 474 7667

Patient Name	Telephone
Address	(alternative)
	Doctor
NHI	
DOB	Date

ABCD2 Score for TIA			
			Score
Age	≥60	1	
Blood Pressure	>140 systolic &/or ≥ 90 diastolic	1	
Clinical Features	Unilateral weakness	2	
	Speech disturbance and no weakness	1	
	Other	0	
Duration of Symptoms	≥60 minutes	2	
	10-59 minutes	1	
	<10 minutes	0	
Diabetes	On tablets / insulin	1	
		Total	

Refer (usual channels) to Hospital for Acute Admission if any of;

- Score ≥ 5
- Symptoms have lasted > 60 minutes
- Crescendo TIA's (two or more episodes within one week)
- Presence of Atrial Fibrillation
- Already on Warfarin

If more than 1 week since TIA or Score ≤ 4 refer to TIA clinic.

Medications:	Pre-existing	Just started
Aspirin		
Dipyridamole – start if already on aspirin		
Clopidogrel – apply for if allergic to aspirin		
Antihypertensive– start slowly despite pre-existing BP level		
Statin – start despite lipid level		

Risk factors	Circle Y / N		
Hypertension	Y / N	Diabetes	Y / N
Cholesterol	Y / N	Smoking (ex/now)	Y / N
Atrial fibrillation	Y / N	Cardiac murmur	Y / N

Is the TIA in carotid territory, **and** is the patient fit for surgery? yes no unknown

Driving Advice:	Private	Single TIA = no driving 1/12	multiple TIAs = 3/12
	vocational	Single TIA = no driving 6/12	multiple TIAs = STOP