

NHS LANARKSHIRE TIA & ISCHAEMIC STROKE SECONDARY PREVENTION FLOWCHART (SECONDARY CARE)

Acute TIA (focal neurology with 100% recovery/resolution)

LOW RISK TIA
ABCD2 0-3

HIGH RISK TIA
ABCD2 4-7

CRESCENDO TIA
(2 or more TIAs in one week)

Acute Stroke

Minor Ischaemic
NIHSS ≤3 or independently mobile

Moderate/ Severe Ischaemic
NIHSS ≥4/Immobile/ Thrombolysed

ADMIT FOR SENIOR REVIEW – for stroke must swallow screen <4 hours

Do not CT Head ‡

CT HEAD TO RULE OUT HAEMORRHAGE (see page 2)

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Aspirin 300mg ❖

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Clopidogrel 300mg + Aspirin 300mg ❖

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Aspirin 300mg (PR if NBM) ❖

Maintenance (14 days)
Aspirin 300mg ❖
Atorvastatin 40mg

Maintenance (21 days)
Clopidogrel 75mg + Aspirin 75mg ❖
Atorvastatin 40mg

Maintenance (14 days)
Aspirin 300mg ❖
Atorvastatin 40mg



ONE MONTH



ONE MONTH



ONE MONTH



ONE MONTH



ONE MONTH

Refer to TIA Clinic via Workbench (see page 3)

Referral to Stroke Ward/ Team

Lifelong (after maintenance period): Clopidogrel 75mg, Atorvastatin 40mg +/- ACE inhibitor/thiazide diuretic

(consider switch any PPI medication to lansoprazole)

ABCD2 score

Age		Blood Pressure		Clinical Features		Duration		Diabetes	
≥ 60 years	+1	≥ 140/90	1	Unilateral Weakness	+2	≥ 60 minutes	+2	Yes	+1
< 60 years	0	≤ 140/90	0	Speech disturbance without weakness	+1	10 – 59 minutes	+1	No	0

❖ **Atrial Fibrillation** Patients in AF are a special group. All will need brain imaging , even if TIA.

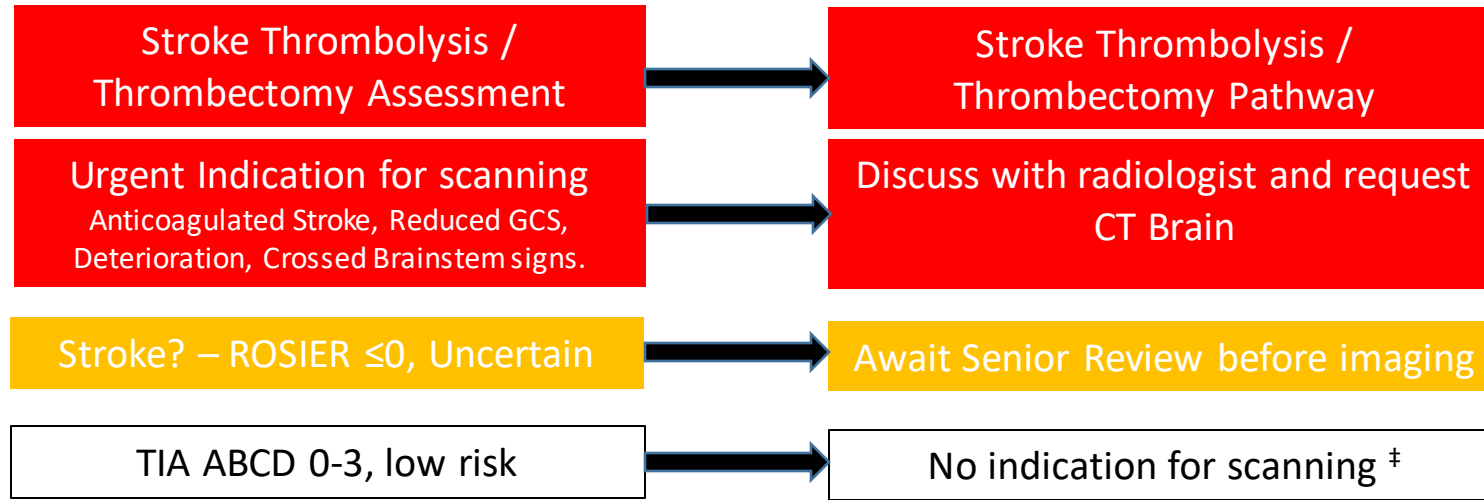
After brain imaging has excluded haemorrhage;

For TIA- if already anticoagulated, continue this (**instead of starting antiplatelet agents**) .

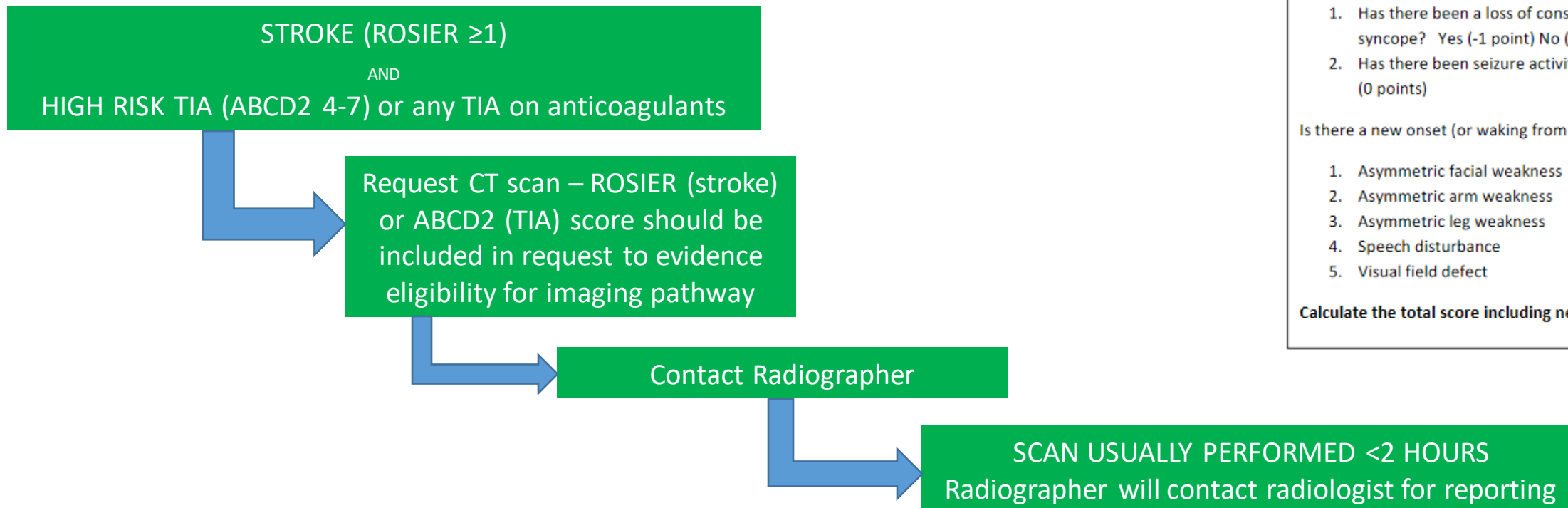
For TIA- if NOT prev anticoagulated, must have senior decision about anticoagulation before discharge.

For ischaemic stroke – stop anticoagulation (if on) , commence antiplatelet as per pathway above and seek stroke advice BEFORE commencing / recommencing anticoagulation.

TIA & ISCHAEMIC IMAGING GUIDANCE (SECONDARY CARE)



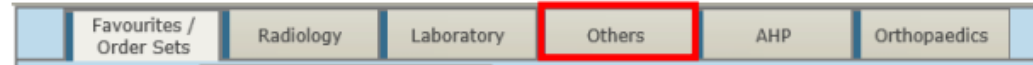
‡ If any concerns that case not behaving like TIA/red flags admit for senior medical review



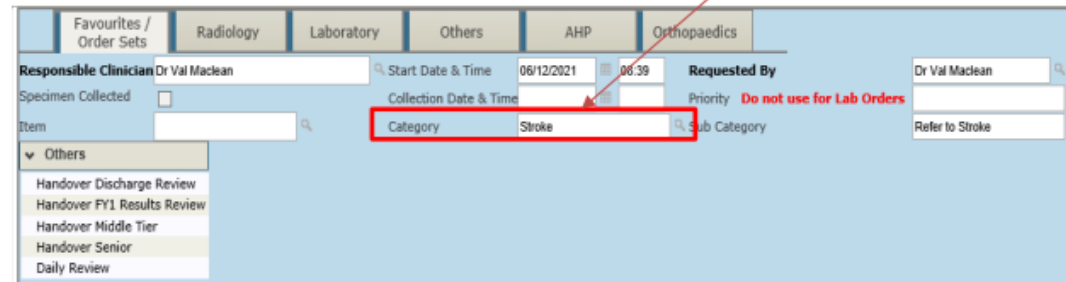
ROSIER SCALE	
(Positive scoring symptoms must be ongoing)	
1. Has there been a loss of consciousness or syncope?	Yes (-1 point) No (0 points)
2. Has there been seizure activity?	Yes (-1 point) No (0 points)
Is there a new onset (or waking from sleep)?	
1. Asymmetric facial weakness	Yes (1 point)
2. Asymmetric arm weakness	Yes (1 point)
3. Asymmetric leg weakness	Yes (1 point)
4. Speech disturbance	Yes (1 point)
5. Visual field defect	Yes (1 point)
Calculate the total score including negative points	

TIA CLINIC WORKBENCH REFERRALS:

- Pick up the patient from the Ward Floorplan or Patient list and select patient (patient should turn yellow colour)
- Click on New Request tab
[New Request](#)
- Click on Others tab



If you cannot see the item under the others tab you can search for Stroke in the Item field



you can also add the item to the order favourites.

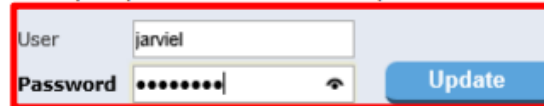
- Complete the requested by Clinician and responsible Clinician fields (these fields are mandatory)




- Choose 'Refer to Stroke' from Subcategory and click 'TIA Clinic Referral' from Item



- Enter your password on the new request screen and click update



- Complete the questions on the order entry screen and click update the screen
- The patient has now been referred to the TIA Clinic you can check in the EPR  under the Other tab for confirmation of this request.