



PRESCRIBER'S ORDERS

TIA OUTPATIENT ORDERS

SITE: _____

DRUG ALLERGIES:

None Known

Noted by: _____

(Items with check boxes must be selected to be ordered)

Date: _____ Time: _____

Consider Admission/Transfer if:

- Multiple TIAs *OR*
- Symptoms and signs of Middle Cerebral Artery involvement (e.g. upper extremity motor weakness or aphasia); *OR*
- Atrial fibrillation *OR*
- Severe carotid stenosis (70-99%)

ABCD² RISK STRATIFICATION FOR EARLY STROKE

Age:		
<input type="checkbox"/>	above age 60 years	1
Blood Pressure:		
<input type="checkbox"/>	systolic above 140 mm Hg and/or diastolic 90 mm Hg or above	1
Clinical features:		
<input type="checkbox"/>	Unilateral weakness	2
<input type="checkbox"/>	Speech disturbance without weakness	1
	Other:	0
Duration of Symptoms:		
<input type="checkbox"/>	60 minutes or greater	2
<input type="checkbox"/>	10 to 59 minutes	1
<input type="checkbox"/>	less than 10 minutes	0
Diabetes:		
<input type="checkbox"/>	Diabetes mellitus	1
TOTAL:		

Score	2-day risk of Stroke	Risk
0 - 3	1.0%	Lower Risk
4 - 5	4.1%	Higher Risk - Urgent referral to stroke prevention clinic or IM/Neurologist if available
6 - 7	8.1%	Higher Risk - Urgent referral to stroke prevention clinic or IM/Neurologist if available

CONSULTS:

- Neurologist/Internist on call (should be seen within 3 days)
- *OR*
- Stroke Prevention Clinic (should be seen within 3 days)
- Diabetes Education Centre or Community Diabetic Program

Other:

LABORATORY:

- CBC electrolytes, BUN, Creatinine, eGFR, glucose
- INR, PTT, HDL, LDL, Total Cholesterol, Triglycerides

Other:

Physician name: _____ Signature: _____

College #: _____



PRESCRIBER'S ORDERS

TIA OUTPATIENT ORDERS

Noted by:

DIAGNOSTICS: Head CT, non-contrast:

- prior to discharge if any persisting deficit or sign; *OR*
- book as outpatient

Carotid Doppler (recommended within 7 days):

- prior to discharge; *OR*
- book as outpatient

- CT Angiogram
 - ECG – 12 lead
 - Echocardiogram
- Other:

MEDICATIONS: If not CT available and history consistent with ischemic stroke: give initial dose of the following prior to discharge and provide outpatient prescription for:

- ASA 80 mg PO daily, *OR*
- ASA 325 mg PO daily

If ASA contraindicated, give clopidogrel:

- clopidogrel 300 mg loading dose then 75 mg PO daily *OR*
- clopidogrel 75 mg PO daily (no loading dose)

If on ASA prior to event, instruct patient to discontinue ASA and provide outpatient prescription for:

- clopidogrel 300 mg PO loading dose then 75 mg PO daily *OR*
- ASA- dipyridamole 25-200 mg (AGGRENOX) 1 capsule PO BID

Other:

DISCHARGE PLANNING:

- Follow-up information sheet for patients discharged from the ED with TIA.
- Review warning signs of stroke and when to call 911 or return to ER
- Provide explanation of medication risks

Criteria for Discharge from Emergency:

- Total resolution of neurologic symptoms or mild deficit with:
 - Independent ambulation *AND*
 - Functioning language/communication *AND*
 - No co-existing medical problems requiring admission *AND*
 - Not in atrial fibrillation (unless already on warfarin and therapeutic INR) *AND*
- No history of recurrent TIA or stroke within last 6 months*AND*
- Reliable patient/family for return appointment and investigations

Physician name: _____ Signature: _____ College #: _____