TIA

Western Health

Resolved neurological deficit – for admission under Neurology and unit review prior to discharge

EXCLUSION CRITERIA

ABSOLUTE	RELATIVE
• Intracranial abnormality found on CTB • Recurrent neurological deficit during ED visit or • More than 1 TIA in the last month • Known high-grade carotid stenosis	

KEY CONSIDERATIONS DURING SSU ADMISSION

- Confirm any treatment plan with neurology – actioned jointly with Neurology
- Observe for recurrent symptoms
- Embolic risk stratification
  - ECG – exclude atrial fibrillation
  - Carotid doppler USS to assess for stenosis
  - Fasting lipids / glucose (can be done as outpatient, or keep NBM if staying overnight)
  - ECHO if recent AMI (previous 3 months)
- Antiplatelet management
  - Aspirin load 300mg po stat if no intracranial haemorrhage then 100mg daily ongoing
  - Discussion with Neurology if already on antiplatelets
- Anticoagulation options discussed with patient if atrial fibrillation
  - NOAC vs warfarin

WARD REFERRAL CRITERIA (Neuro)	DISCHARGE CRITERIA
• Unstable vital signs • Abnormal CTB (if obtained after SSU admission) or doppler • Recurrent / persisting neurological deficit	• Stable vital signs • Tolerating oral intake • Baseline function, mentation and mobility • Adequate social support

DISCHARGE REQUIREMENTS

- Follow up plan;
  - TIA clinic (book via BOSSNet) – request outpatient ECHO and Holter monitor
  - LMO for fasting bloods where indicated
- Patient education, specifically regarding driving advice
- Re-attendance advice + information sheet
- Medical certificate
- Prescription for discharge medications where indicated