TIA and Stroke management in the EK

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October 2nd, 2021
EK CME Day

Objectives

Review the Procedure for Hot Stroke transfers in the EK

Outline the referral process to the TIA clinic

Discuss investigation and management of TIAs

Hot Stroke in Cranbrook

EMS to call in enroute and pt info collected for registration

IM and Rad notified

Pt triaged as hot stroke, ERP briefly examines and collects history and if appropriate, pt taken directly to CT

IM assesses pt and in most cases reviews info/imaging with neuro to determine candidacy for tPA/EVT

If EVT is possibility, IM calls AB neuro via BC PTN/RAPD

Hot stroke outside of Cranbrook

(1) Presenting to community hospital ER

ERP assesses patient

Calls IM or ER via BC PTN to arrange life-or-limb transport to EK

EMS to notify EKRH ER 20 minutes from arrival

(2) EMS community site bypass

EMS determines likely stroke and brings patient directly to EKRH

TIA

TIA is a transient episode of neurologic dysfunction caused by focal brain, spinal cord, or retinal ischemia, **without** acute infarction

Embolic

Lacunar

Large vessel/low flow

TIA high risk scenarios

ICA stenosis

Intracranial atherothrombotic disease

Arterial/Aortic/Cardiac sources of emboli

Dissection

ABCD2

Age ≥60 (1 Point)

BP 1st assessment ≥140/≥90 (1 Point)

Clinical (unilateral weakness=2 Points, Isolated speech=1 Point, other=0 points)

Duration (≥60 min=2pts, 10-59min=1pt, <10min=0pts)

6-7= 2 day stroke risk 8%

4-5= 4%

0-3= 1%

TIA Rapid Access Clinic

History

Organization

Nursing role

Referral process

TIA RAC

What patients do we want to see?

What can we offer the patient/referring physician?

What types of patients are not appropriate for the clinic?

Case #1

42yo male, healthy/active

Longstanding h/o migraines

Acute onset right sided weakness and slurred speech while jogging

20-30min until resolution, followed by migraine

CT/CTA done at Royal Columbian - normal

MRI due to subtle right hand weakness/writing fluency issues, word-finding

Left posterior frontal lobe infarct

Case #2

68 yo female smoker, OSA, HTN, DM, prior provoked PE, dylipidemia, bilateral mastectomy

Multiple episodes over 2 months of left lower field vision loss (monocular), each episode lasting 20-30 minutes

No other associated lateralizing symptoms

CT/CTA - established infarcts left temporal and parietal lobes, critical left ICA stenosis

Thank you
(any questions?)