

Protocol for management of suspected Transient Ischaemic Attack

Eligibility

Patients with focal neurological deficit lasting less than 24hrs

Suggestive symptoms:	
Hemiparesis	Dominant Hemisphere
Hemisensory loss	
Monocular Visual loss	
Amaurosis fugax	
Speech and Language loss	Non-dominant Hemisphere
Visuo-spatial loss	

Isolated Vertigo

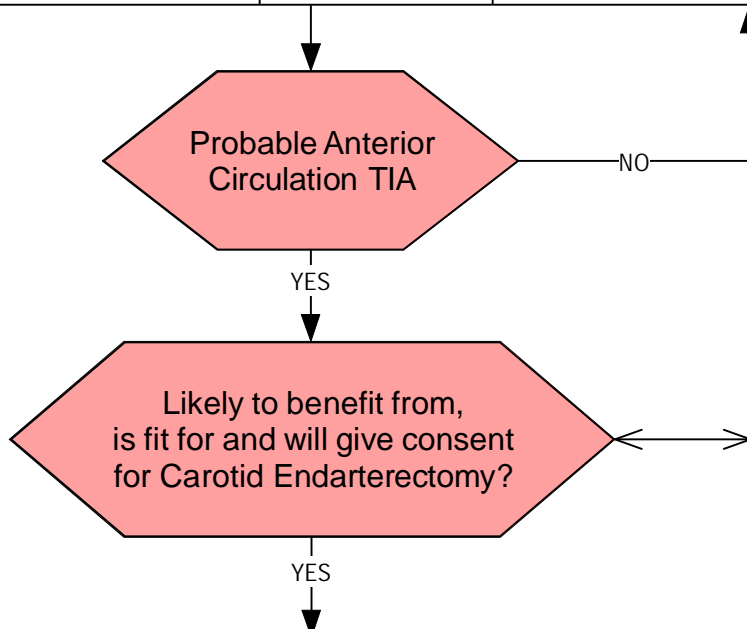
Possibly due to Posterior Circulation (PCA) TIA, but **not amenable to intervention** and many other causes:

1. Peripheral vestibulopathy (eg labyrinthitis, vestibular neuronitis.)
2. Benign positional vertigo
3. Post-traumatic vertigo
4. Vestibulotoxic drugs
5. Meniere's syndrome
6. Other focal peripheral diseases (eg local bacterial infection, acoustic neuroma, otosclerosis et al)

Initial investigations and management:

Blood tests	FBC	ESR	U+E	LFTs	Glucose	Lipids
Other Investigations	Blood Pressure		Chest X-ray			ECG
Management	Lifestyle advice		Diet	Smoking		Exercise
	Aspirin 300mg, then 75mg daily.					
	If already on Aspirin, add Dipyridamole MR 200mg twice daily					
	If allergy to Aspirin, Clopidogrel 300mg, then 75mg daily					
	Statin		ACE Inhibitor		Diuretic	

In AF Check TFTs and Warfarinise when symptoms have resolved



Exclusion criteria

Syncope, pre-syncope
Funny turns, with no focal symptoms
Epilepsy
Drop Attacks
Multiple Sclerosis
Very recent Head Injury
Established stroke with no new deficit
Migraine

<p>Neurovascular clinic at ARI via video-link at Balfour (There is a video-link in Piper Ward) or GP surgery</p>
<p>(Phone NV secretary Mrs L Nichol 01224551161 to organise this)</p>
<p>Suitability and consent confirmed?</p>
<p>Arrange for Carotid Doppler (± CT)</p>