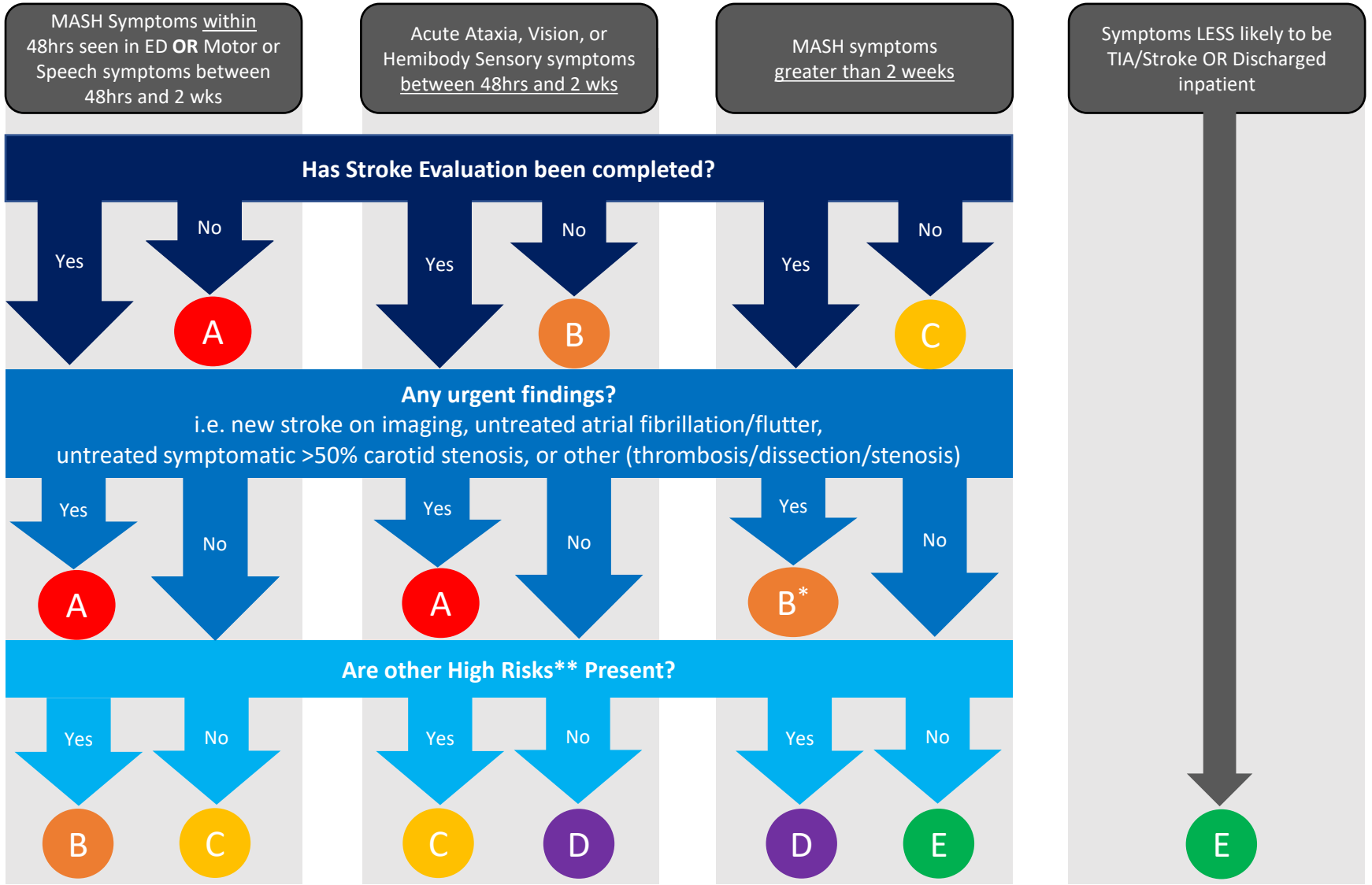
Ontario Triage Algorithm for Stroke Prevention Clinic Referrals

Patients with TIA or Non Disabling Stroke Symptoms

New Acute TIA / Stroke Symptoms → **Within 48 hrs and no ED Visit** → **Advise to go to CT-capable ED Immediately**



Stroke Symptoms - MASH

likely TIA or minor stroke (transient, fluctuating) & if persistent, increase triage scale or admit

MOTOR (Unilateral weakness: face or arm or leg)

ACUTE ATAXIA or VISION CHANGE (monocular or hemifield vision loss or diplopia)

SPEECH (dysarthric or dysphasia/aphasia)

HEMIBODY SENSORY (unilateral numbness: face/arm or arm/leg)

Stroke Evaluation

- Head Imaging
- Vascular Imaging
- Cardiac Monitoring (ECG or Holter or Loop)
- Antiplatelet or Anticoagulation started

Triage Scale

Time frame to be seen at SPC from date of referral sent

- A — Within 24hrs (ED or SPC Fast Track) *(emergent)*
- B — Within 1 Week (*urgent/high)*
- C — Within 2 Weeks (*moderate)*
- D — Within 1 Month (*low)*
- E — Within 3 Months *(discharge inpatients / less likely to be TIA/stroke but still may need attention)*

Adapted from Northwestern Ontario Regional Stroke Network & Thunder Bay Regional Health Sciences Centre
Source: Canadian Stroke Best Practice Recommendations (2020; 2017) & References (See Appendix)
Updated by Ontario Secondary Stroke Prevention Task Group (May, 2022)

* If untreated atrial fibrillation/flutter-implement plan for anticoagulation ASAP
** See over for other high risks

Other High Risks to Consider:**
Higher priority for those based on:

- Symptoms
  - Longer duration of symptoms
  - MASH stroke symptoms occurring > 2 weeks [with time the priority diminishes (e.g., 2 weeks vs > 3 months)]
  - Warrants OT/PT/SLP assessment
- Other vascular conditions
- Previous TIA/stroke
- Pregnancy including post-partum
- Cancer
- Vascular risk factors
- Already on Antiplatelet/Anticoagulation therapy
- Blood pressure reading is high (e.g., initial triage diastolic blood pressure ≥ 110 mmHg as per Canadian TIA Score)
- Abnormal blood work (e.g., Glucose ≥ 15 mmol/L &Platelet count ≥ 400 x 10^9/L as per Canadian TIA Score)
- High Canadian TIA Score ≥ 9
- Other considerations:
  - Lifestyle risks
  - Age (younger)
  - Ethnicity
  - Family history

Not likely to be a TIA

- Transient symptoms lasting only seconds
- Seizure
- Isolated transient loss of consciousness or syncope
- Transient global amnesia
- Isolated non-vertiginous dizziness
- Vague generalized weakness without loss of power

OR

No other focal neurological findings

Defer back to referral source or primary care physician for follow up or as per internal processes