

# VASCULAR PREVENTION

## FOR PRIMARY CARE PROVIDERS



Risk of recurrent stroke is **10-20%** within **90 days**, with half of the strokes occurring in the first 2 days following initial symptom onset.



Timely initiation of secondary prevention interventions have been shown to **significantly reduce** the risk of major stroke after an initial TIA or non-disabling stroke.

## WHAT IS THE VASCULAR PREVENTION CLINIC?

The Vascular Prevention Clinic (VPC) is an outpatient clinic for adults who have signs and symptoms of a recent stroke or transient ischemic attack.

**The goal of the clinic is to reduce the incidence of future strokes by:**

- Expediting assessment & treatment & access to carotid revascularization
- Providing quick access to consultation by a stroke specialist & diagnostic testing
- Identifying risk factors for stroke
- Educating patients & family members about risk factor management

## HOW TO REFER TO THE VASCULAR PREVENTION CLINIC?



A Physician's or Nurse Practitioner's referral is required. Complete the dedicated VPC referral form found [here](#). Do not delay referring to the VPC if tests are not done or results are not available – **send referrals immediately**.



All referrals are triaged for urgency using best practice recommendations.

### IF PATIENT PRESENTS TO YOUR OFFICE:

#### WITHIN 48 HOURS

of stroke symptom onset,

**send to the emergency department** and refer immediately to the VPC in your area.

#### OVER 48 HOURS

from symptom onset,

refer immediately to the VPC in your area.

## WHAT TREATMENT SHOULD I INITIATE POST HEAD IMAGING?

### ANTIPLATELET THERAPY

All patients with ischemic stroke or TIA should be prescribed antiplatelet therapy for secondary prevention of recurrent stroke unless there is an indication for anticoagulation. **Acetylsalicylic acid** (81 mg to 325 mg), **clopidogrel** (75 mg), or combined **ASA** (25 mg) and **extended-release dipyridamole** (200 mg) are all appropriate options. Note: For very high risk TIA or minor stroke combine ASA and clopidogrel for 21-30 days then monotherapy.

OR

### ANTICOAGULATION THERAPY

Patients with ischemic stroke or TIA and atrial fibrillation should receive oral anticoagulation as soon as it is thought to be safe for the patient. In most patients, Direct non-vitamin K **oral anticoagulant** (DOAC) should be prescribed in preference over warfarin.

**REFERRAL LOCATION:** Perth site of the Perth & Smiths Falls District Hospital (33 Drummond St. West, Perth)  
**CONTACT:** 613-267-1500 Extension 4263 **FAX:** 613-267-3449



### Health Teaching

Review signs of Stroke and when to call 911. Recommend refrain from driving until seen in VPC. Ask patient to bring health card & medications to VPC. For patient/family educational materials click [here](#) and visit: <https://www.heartandstroke.ca/stroke/risk-and-prevention>

FOR A COPY OF THE VPC REFERRAL FORM VISIT: <https://www.strokenetworkseo.ca/about/stroke-prevention-clinics>

FOR MORE INFORMATION ON BEST PRACTICE RECOMMENDATIONS VISIT: <https://www.strokebestpractices.ca/>