Initial history suggests TIA or minor stroke:

Abrupt onset of focal neurologic deficit (i.e. speech disturbance, motor weakness) that is:
1. Resolved at presentation
2. Persistent but non disabling

Are there any persistent neurologic deficits?

Yes ➔ Treat as acute stroke (refer to acute stroke protocol)

No ➔

- History and physical exam
- Assess and treat mímics as appropriate
- CBC
- BMP
- Lipid panel
- Hs troponin
- EKG
- CT head noncontrast
- CTA head and neck
- Neurology consult

Are any high-risk criteria met?

Yes ➔ Admit to Neurology

No ➔

Admission to 23 hour observation unit (reference CDU TIA pathway inclusion criteria) for evaluation & treatment with the following goal endpoints:

- MRI head WO contrast
- Ongoing cardiac telemetry
- Echocardiogram
- Determine plan for DAPT in consultation with neurology

TIA Mímics:
- Migraine
- Syncope
- Peripheral vestibular process
- Seizure
- Functional / Anxiety
- Transient global amnesia
- Intracranial mass/hemorrhage
- Metabolic abnormality (eg. hypoglycemia, hyponatremia)

High-risk Criteria:
- Crescendo TIA
- Symptomatic internal carotid stenosis greater than 50
- Known / Suspected cardiac source of embolus (eg. A-fib
- Known hypercoagulable state including pregnancy
- ABCD2 score ≥ 3