

Name: _____
Room #: _____

STAT

TRANSIENT ISCHEMIC ATTACK (TIA)

EMERGENCY ROOM

- 1. Diagnosis: TIA
- 2. Concurrent/Secondary Diagnosis: _____
- 3. Allergies: _____
- 4. Initiate TIA Care Guidelines
- 5. Old chart to Emergency Department

6. **DIAGNOSTICS**

- CT of brain without contrast
- EKG
- Carotid Doppler Study. MD to read: _____
- Echocardiogram. MD to read: _____
- Other: _____

7. **LABORATORY**

- CBC
- BMP
- PT/PTT
- ESR
- ANA
- Other: _____

- 8. VITALS: On arrival and per routine
- 9. NEURO CHECKS: q 1 hour
- 10. DIET/HYDRATION: NPO except for medications
- 11. ACTIVITY: Bedrest. Monitored bed if indicated.

12. **MEDICATIONS:**

- Aspirin 325 mg PO x 1
 - O₂ per N/C 2-3 L/min as indicated
- Other medications:

13. **CONSULTS:** Primary Care Physician or Neurologist (if no PCP)

OTHER: _____

Physician Signature: _____

Date: _____

Time: _____

Name: _____
Room #: _____

STAT

TRANSIENT ISCHEMIC ATTACK (TIA)

DAY ONE

1. Admit to: Med/Surg Telemetry
2. Admit under Dr. _____
3. Diagnosis: Possible Cerebral Ischemic Syndrome
4. Old chart to floor
5. DIAGNOSTICS: _____

6. LABORATORY: _____

7. VITALS: q 8 hours. Notify MD if: Temp greater 101.5° F; R less than 10 or greater than 30; SBP less than 100 or greater than 170; DBP greater than 100
8. NEURO CHECKS: q 4 hour
9. DIET/HYDRATION:
Diet as tolerated Other: _____
10. ACTIVITY:
 Ambulate with assist Other: _____
11. MEDICATIONS:
Antiplatelet medication
 Aspirin 325 mg PO daily **OR** Initiate _____
Other medications/home medications as follows:

12. CONSULTS:
 Care Coordinator Other: _____
13. OTHER:
 NIH Stroke Scale for change in neurological status and notify MD
 Other: _____

Physician Signature: _____

Date: _____

Time: _____