

Clinical Scenario

TIA

Scenario:

64 year old male to ED c/o slight intermittent gait instability and speech changes this weekend. While in ED speaking clearly. AAO x3. Ambulates well with cane. Per patient, no other neuro symptoms. VSS, labs WNL.

ED Course: IV Fluids @ 75/hr

At Time of Decision:

- Patient difficulty finding words for about 10 minutes a few days ago, now normal
- No new changes in neuro deficit
- ABCD2 score 4 = Moderate risk for CVA
- Spoke with PCP and patient is unreliable for f/u for outpatient testing

Medical History: DM, Afib

Vital Signs: 65, 18, 37.2, 132/64, EKG NSR

Labs: WNL

Imaging: CT/CTA neg, MRI ordered

Recommended Workflow

C- Consider appropriate care setting

- Can not discharge for OP workup

A- Ask what the principal diagnosis is?

- TIA

R- Review INPT guideline first, then OBS

- INPT Criteria NOT Met -> toggle to OBS
- OBS Criteria MET

E- Enter bed status / level of care order

- Observation

D- Document criteria in medical record

- Document patient's ABCD2 Score and reason for need to get TIA workup in the hospital

INPATIENT

- Indicated for 1 or more of the following:
 - Unstable VS*
 - Focal neuro signs recur
 - Radiology requires INPT (mass)
 - AMS*
 - Cardiac arrhythmia ,one:
 - Unstable, dangerous, one:
 - Resuscitated Afib/arrest
 - Ventricular escape rhythm
 - Sustained V-tach, one:
 - Non-sustained V-tach, one:
 - Suspected ischemia
 - Acute myocarditis
 - Unstable conduction defect, one:
 - Type II second degree block
 - Third degree block
 - new onset BBB with ? ischemia
- Significant cardiac/vascular disorder
- Severe hypertension
- Extended telemetry, beyond OBS
- Suspected vasculitis
- Pregnancy
- IV anticoagulation required**, both:
 - Embolic etiology suspected
 - INPT anticoagulation is needed

*Can NOT be patient baseline

**alternate forms not appropriate or not feasible

OBSERVATION

- Indicated for 1 or more of the following:
 - Abnormal VS*,one:
 - Tachycardia
 - Hypotension
 - Orthostatic
 - Embolic suspected requiring extended telemetry > ED care
 - Anticoagulation tolerance in doubt
 - Initiation OP therapy not feasible

* Can NOT be patient baseline

Teaching Points:

- TIA symptoms can come and go several times in a short period of time, while being a precursor to a CVA.
- This patient would be a candidate for early Outpatient TIA workup. However, his PCP says that the patient is unreliable and may not show for follow-up.
- ABCD2 score estimates the risk of CVA after a TIA, according to the patient risk scores but should not be the sole means of identifying a patient's risk. Document the ABCD2 score in the medical record.
- Always document your reasoning on the LOC selected, any comorbid conditions present and the risk of not admitting