

CVA vs TIA "Stroke-Like Symptoms"

Stroke, Hemorrhagic: INPT



- ☐ Acute hemorrhagic Stroke
 - intracerebral
 - radiology result

Does not Meet INPT



General OBS



- CT NEG, MRI NEG
- ☐ Need clinical care > ED
- □ D/C not appropriate
- □ Neurologic condition or finding (eg, AMS, weakness, dizziness, ataxia, exac neuromusc disease or mov't disorder, diplopia, neuralgia)

Stroke, Ischemic: INPT



- ☐ CT negative
- ☐ MRI +
- □ NIHSS >2
- □ AMS
- ☐ Dysphagia (eval)
- ☐ Significant weakness
- Aphasia
- ☐ Gait impairment
- ☐ Finding = INPT care (mass, edema, large acute infarction)
- Clinical stability unclear (recurrent/ worsening)
- ☐ Thrombolysis performed/plan
- ☐ Urgent planned INPT proc (thrombectomy)

Does not Meet INPT



Stroke, Ischemic: OBS



- ☐ VS abnormality
- ☐ Further testing required
- ☐ Suspected cardiac embolic source requiring tele > ED care
- □ NIHSS < or = 2, continued monitoring required > ED care

TIA, INPT



- □ HD instability
- ☐ Focal Neuro signs recur
- ☐ Brain imaging + (eg mass)
- *AMS
- ☐ Cardiac arrhythmia of immediate concern
- ☐ Significant cardiac/vascular disorder = INPT care
- ☐ Severe HTN
- ☐ Prolonged tele > OBS care
- Suspected vasculitis
- ☐ Pregnancy
- ☐ INPT IV anti-coag required
 - Embolic suspected

*severe/persistent

Does not Meet INPT



TIA, OBS



- VS abnormality
- ☐ Further testing
- ☐ Suspected cardiac embolic source requiring tele > ED care
- ☐ Ability to tolerate initial anticoag in doubt
- ☐ OP initiation anti-coag not immediately feasible (*HH*)

Teaching Points:

- TIA symptoms can come and go several times in a short period of time, while being a precursor to a CVA.
- CVA = persistent deficit
- NIHSS score >2 = INPT Stroke
- NIHSS score ≤2 = OBS Stroke
- Documentation of criteria points helps support admit status
- Status always provider judgement but needs supportive documentation towards status





