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Objectives: Strokes and Transient Ischemic Attacks (TIAs)

1. In patients presenting with symptoms and/or signs suggestive of stroke, include other diagnoses in the differential diagnosis (e.g. TIA, brain tumour, hypoglycemia , subdural hematoma, subarachnoid bleed).
2. In a patient presenting with a stroke, differentiate, if possible, hemorrhagic from embolic/thrombotic strokes as treatment differs.
3. Assess patients presenting with neurologic deficits in a timely fashion, to determine their eligibility for thrombolysis.
4. In a patient diagnosed with stroke, involve other professionals as needed (e.g. physiotherapists, occupational therapists, social workers, neurologists) to ensure the best outcome for the patient.
5. When caring for a stroke patient with severe/serious deficits, involve the patient and their family on decisions regarding intervention (e.g. resuscitation, use of a feeding tube, treatment of pneumonia).
6. In patients who have suffered stroke, diagnose “silent” cognitive deficits (not associated with sensory or motor symptoms or signs) such as inattention and impulsivity, when they are present.
7. Provide realistic prognostic advice about their disabilities to stroke patients and their families.
8. In stroke patients with disabilities, evaluate the resources and supports needed to improve function (e.g. a cane, a walker, home care).
9. In the continuing care of stroke patients with deficits (e.g. dysphagia, being bedridden), include the prevention of certain complications (e.g. aspiration pneumonia, decubitus ulcer) in the treatment plan, as they are more common.
10. In patients at risk of stroke, treat modifiable risk factors (e.g. atrial fibrillation, diabetes, dyslipidemia and hypertension).
11. In all patients with a history of TIA or completed stroke and in asymptomatic patients at high risk for stroke, offer antithrombotic treatment (acetylsalicylic acid, clopidogrel) to appropriate patients to lower stroke risk.

** Adopted from the CFPC’s 99 priority topics