Northern Ireland Stroke Network Guidance for TIA Service Management during the COVID-19 Pandemic

Local policy for Northern Ireland 16th April 2020

Introduction

The ongoing COVID-19/SARS-CoV-2 pandemic is placing unprecedented demands on healthcare systems worldwide[1,2]. This document concerns the management of patients with possible Transient Ischaemic Attack (TIA) in Northern Ireland and will offer guidance to help healthcare professionals provide stroke care in this difficult situation.

TIA services need to continue with established referral pathways for patients with suspected TIAs to allow **urgent** access to stroke specialist assessment. Priority is given to providing practical realistic medicine.

Services including carotid surgery will be limited and reserved if feasible for those patients with crescendo TIAs. For patients with a recently symptomatic carotid event aggressive medical therapy is considered the most appropriate treatment at this time. This will impact on the requirements for imaging and reduce the need for face to face contact.

TIA Referral Recommendations

All TIA referrals should be triaged by telephone. Local services will decide on the medical and nursing cover and competencies of individuals involved in the initial triage. All consultations and treatment decisions will be documented as per local

trust guidelines and communicated with the primary care physician. Opportunities may exist for virtual assessment using video-conferencing. This should be encouraged and pursued both locally and regionally.

Access to BP recordings and an ECG are important aspects of the TIA assessment and methods to ensure patients receive this at the point of referral need embedded. Challenges may exist for patients referred through primary care. Systems need to be established to access 12 lead ECG, BP and bloods for those patients in the community being referred to the TIA service.

TIA Management

People being referred from **ED** or **Primary Care** or **Other** source with a **suspected TIA** (short lived acute onset neurological syndrome) to a local service should receive:

- Aspirin 300mg loading dose and 75mg thereafter
- A statin provided not contraindicated (e.g. Atorvastatin 40mg nocte)
- Training in the recognition of stroke symptoms for the patient and their family
- Baseline BP, 12 lead ECG
- Baseline Bloods to include FBP, COAG, U&E, LFTS, Lipids, HbA1c, ESR, Glucose
- Forward ECG to local neurovascular clinic

People with a **confirmed TIA** (or non-disabling stroke) **following stroke team assessment** should receive:

- Combination antiplatelet treatment with aspirin 75mg plus clopidogrel 75mg for between 3 weeks and 3 months for the prevention of recurrent vascular events before reverting to monotherapy with clopidogrel (non-atrial fibrillation).
- Stroke clinician discretion is required and patients may be appropriately managed with alternative antithrombotic regimens.
- Patients with confirmed TIA in atrial fibrillation should be anticoagulated with an agent that has rapid onset. Brain imaging is advised prior to initiation of anticoagulation in patients with a recent focal event and Atrial Fibrillation.

TIA Investigations

- Carotid Imaging

  The availability of surgery for carotid stenosis will be severely limited and is likely to be restricted to those at very high risk. Carotid imaging should only be routinely considered for patients in whom it will change management, for example those with a history suggestive of crescendo TIAs who may be deemed a candidate for surgical intervention following discussion with the vascular team.

- Unenhanced CT Brain

  Where the exclusion of haemorrhage is the objective of imaging.

- MRI head (diffusion weighted imaging)

  To detect ischaemic lesions where it will guide or alter management. MRI can be considered if an alternative pathology needs excluded.

- Cardiac Investigations

  Decision on AF will be dictated by prior history or viewing of the ECG provided at time of referral. Ambulatory cardiac monitoring may not be routinely available or appropriate.

Drug Prescription

The prescription of and delivery of secondary preventative medicines is a vital aspect of a TIA service: It is important to ensure that local prescribing / delivery options are available.

Advice

- Patients should be advised if having recurrent events to seek further medical attention.
- Patients will be given necessary driving and lifestyle advice.
- Decisions on BP management and drug prescription will be guided from available readings.

References

Reference is made to relevant publications from NHS England (1) and the Republic of Ireland (3) which we have drawn upon, in preparation of this document.

1. NHS England. Speciality Guide – Stroke and coronavirus v1 24March2020: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C033-Specialty-guide_-Stroke-and-coronavirus-v1-24March_.pdf

2. AHA guidance Temporary Emergency Guidance to US Stroke Centers During the COVID-19 Pandemic and On Behalf of the AHA/ASA Stroke Council Leadership: https://doi.org/10.1161/STROKEAHA.120.030023

3. Covid-19 HSE Clinical Guidance and Evidence: https://hse.drsteevenslibrary.ie/Covid19V2/stroke