



WORKING TOGETHER TOWARD PREVENTION

PRIMARY CARE PROVIDER

Quick Stroke Reference

QUEEN'S NEUROSCIENCE INSTITUTE

Neurology Clinic - Punchbowl 808-691-8866

Neurosurgery Clinic - Punchbowl 808-691-2727

Neurology Clinic - West O'ahu 808-691-3135

Referral Form:

www.queens.org/for-healthcare-professionals/physicians/referrals

**NEUROSCIENCE
INSTITUTE**



**THE QUEEN'S
MEDICAL CENTER**

Recent ED Visit or Hospitalization for Stroke/Transient Ischemic Attack (TIA)?

STROKE WORK-UP to definitely order if NOT done in hospital (should be done on all stroke/TIA pts):

- MRI Brain w/o contrast
- CTA w/contrast or MRA (can be done w/contrast but not necessary) BOTH brain & neck (if unable to do either then carotid duplex at minimum)
- TTE (if <65 yo +bubble study)
- Lipid panel, HbA1c

STROKE WORK-UP to consider ordering if NOT done in hospital (usually when cause of stroke unknown):

- Prolonged cardiac monitoring to r/o A-fib (if strokes were cortical or in >1 vascular territory). If negative for A-fib w/ initial external monitoring, consider implantable loop recorder
- Hypercoagulable labs (younger pt, hist of unprovoked DVT/PE, or prior unexplained strokes)
- Autoimmune Markers if concern for vasculitis (ANA, ANCA, ss-A/B, RA, ds-DNA, ESR, CRP)
- CT C/A/P w/ contrast (older pt, concern for malignancy associated hypercoagulability)

- Referral to neuro-cardiology case conference if <65 yo (Cryptogenic stroke w/ PFO)
 - Send referral to Cardiology:
QHI Interv & Surg 702, Dr. Ben Plank
- Sleep Study to screen for OSA

Dual Antiplatelet Therapy (DAPT)?

- If minor stroke or TIA ABCD2 score $\geq 4 \rightarrow$ YES DAPT x21 days
- If stroke due to intracranial atherosclerosis/stenosis (ICAD) \rightarrow YES DAPT x90 days
- Recently symptomatic carotid stenosis (DAPT x90 days but discuss w/ neuro & vascular surgery)
- If seeing the pt 21 or 90 days after the index event \rightarrow NO need for DAPT (too late)
- If using clopidogrel, best to confirm therapeutic effect with Platelet Function P2Y12 (order #862083) & CYP2C19 (order #858439)

Reasons to Refer to Queen's Neuroscience Institute Outpatient Center:

- To evaluate for Carotid Revascularization (CEA or Carotid Stent)
 - H/o stroke or TIA due to the stenosis (minimum 50% stenosis)
 - Asymptomatic stenosis that has progressively worsened on f/u imaging
- Moyamoya disease
- PFO present & unsure if appropriate for closure
- Surgical/Transplant clearance
- Poor tolerance/adherence w/ anticoagulation
- Recurrent symptoms despite maximal medical therapy
- Vascular lesions (AVM, dural AVF, aneurysms)
- Stroke in younger patients
- Pregnant patients with stroke or vascular lesions
- Consideration of anticoagulants for pt w/ MRI evidence of prior brain bleeding

Expert Consult is Not Needed:

- Stroke etiology is known (i.e. A-fib w/ embolic stroke & already on anticoagulation)
- No expected changes to anti-thrombotic regimen in future