

UNC ED Neuro Quick Tips

- Typical TIA workup/pathway
 - Imaging
 - CT head. *MRI brain is not always necessary*
 - For anterior circulation stroke: neck vessel imaging with carotid dopplers, CTA Neck, or MRA neck. *If moderate (50-69%) to severe stenosis (70-99%) patient will likely require admission to neurology.*
 - If posterior circulation stroke → neck vessel imaging isn't necessary.
 - Labs
 - Standard labs (CBC, BMP, consider troponin)
 - Consider metabolic workup as appropriate (UA, etc.)
 - Lipid Profile.
 - HgbA1c.
 - EKG and/or CXR → looking for Afib & indications that ECHO is necessary (often can still be obtained outpatient)
 - If ABCD2 score 4 or more & symptoms within 24 hours will likely advise CHANCE protocol (Plavix 300 mg load) followed by ASA 81 & Plavix 75 mg daily for 21 days followed by ASA monotherapy as well as high intensity statin.
- Neuro Referrals
 - Any provider from UNC Main ED or HBR ED are able to place outpatient referrals to UNC Neurology Clinic without discussing with Neurology
 - ***If patient does NOT have an established PCP they must also have referral placed for primary care at the same time as Neurology***