

**Neurology guidelines for General Practitioners**  
**Is it a TIA or stroke?**

**Has the patient just experienced an episode you think most likely due to Transient Ischaemic Attack (TIA) or minor stroke?**

*If so, the patient requires urgent assessment and should be referred to the Emergency Department. If in doubt, discuss the patient with the Stroke Registrar via the Austin Switchboard on 9496 5000.*

We provide a weekly TIA clinic but access to this is only available via the Stroke Registrar.

**Clinical pointers towards TIA/Stroke as likely problem**

- **Sudden onset of symptoms and signs – patient or observer can give an exact time of onset**
- **Patient well at onset**
- **History and signs consistent with a focal neurological problem**
- **Symptoms and signs referable to Left or Right brain**
- **Symptoms and signs referable to a specific vascular territory**
- **Significant neurological deficit during episode (e.g. hemiparesis, speech disturbance, visual field defect)**
- **Abnormal vascular signs**
- **Concurrent BP, PVD, AF or valvular disease**

**Clinical pointers that TIA/Stroke is unlikely to be the problem**

- **Known history of cognitive impairment**
- **The patient is ‘confused’**
- **Patient unwell during the last week**
- **No neurological signs**
- **Signs in other symptoms e.g. chest crackles**
- **Seizure at onset**
- **Loss of consciousness without focal signs**
- **Isolated vertigo**

**If your patient has a very urgent neurological problem** e.g. severe sudden headache that is not usual for the patient, or rapidly progressive weakness, send the patient to the Emergency Department. Urgent or earlier outpatient appointments may be obtained by discussing your patient with Associate Professor Helen Dewey, via the Austin Hospital switchboard (9496 5000).