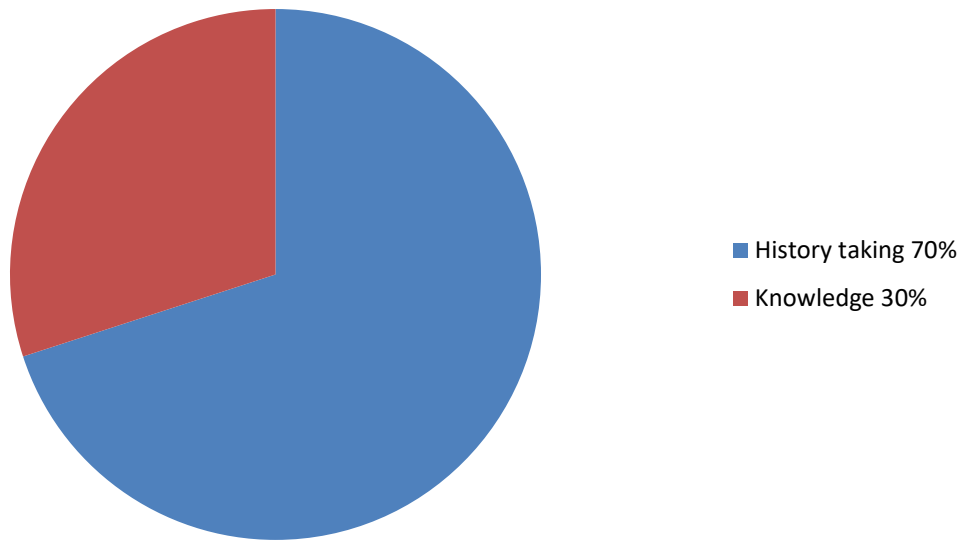


Marking



A 70 year old patient present with history suggestive of TIA, they have no residual neurology. Take a focused history, risk stratify, and outline your management for the case

Washed hands	
Introduces self	
Checks patient identity	
Obtains verbal consent for interview	
Checks history	
Motor <ul style="list-style-type: none"> • Distribution • Timing 	
Sensory <ul style="list-style-type: none"> • Distribution • Timing 	
Speech <ul style="list-style-type: none"> • Receptive dysphasia • Expressive dysphasia • Dysarthria 	
Visual or other sensory <ul style="list-style-type: none"> • Blurred vision • Hemianopia • Inattention 	
Symptoms intermittent/ continuous	
Any other sx at the same time (LOC/seizures/vomit/neck stiffness/fever)	
PMHx <ul style="list-style-type: none"> • Occurred previously • HTN • Diabetes • AF 	
DHx <ul style="list-style-type: none"> • Anticoagulants • Statins • Anti-platelets Allergies	
SHx <ul style="list-style-type: none"> • Smoking • Alcohol • ADLs 	
Bp – is it over 140/90? (yes)	
ABCD2 – score Age >65 = 1 Bp >140/90 = 1 Clinical <ul style="list-style-type: none"> • Unilateral weakness = 2 • Unilateral sensory (without weakness) = 1 Duration <ul style="list-style-type: none"> • > or = 60 = 2 • 10 to <60 = 1 • <10 min = 0 Diabetes = 1	
Score > or = 4 - May require admission or <24 hours follow-up if service available	

Score of <4 can be followed up in < 1 week	
Starts aspirin 300mg OD	
Considers starting statin	
Thanks patient	
Patient global score	

Anna Beyston 2019