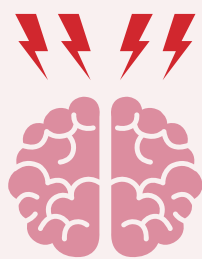


Stroke Prevention Clinic

AT PETERBOROUGH REGIONAL HEALTH CENTRE



RISK OF RECURRENT STROKE IS 10-20% WITHIN 90 DAYS

WITH HALF OF THE STROKES OCCURRING IN THE FIRST TWO (2) DAYS FOLLOWING INITIAL SYMPTOM ONSET.



TIMELY INITIATION OF SECONDARY PREVENTION INTERVENTIONS HAS BEEN SHOWN TO SIGNIFICANTLY REDUCE THE RISK OF MAJOR STROKE AFTER AN INITIAL TIA OR NON-DISABLING STROKE.

What is the Stroke Prevention Clinic (SPC)?

The SPC is an outpatient clinic for adults who have signs and symptoms of a recent stroke or transient ischemic attack.

The goal of the clinic is to reduce the incidence of future strokes by:

Expediting assessment and treatment and access to carotid revascularization

Providing quick access to consultation by a stroke specialist and diagnostic testing

Identifying risk factors for stroke

Educating patients and family members about risk factor management

Send Referrals Immediately

Do not delay referring to the SPC if tests are not done or results are not available.

All referrals are triaged for urgency using best practice recommendations.

How to Refer to the SPC

A Physician's or Nurse Practitioner's referral is required. Complete a dedicated SPC referral form found here: <https://www.prhc.on.ca/healthcare-services/district-stroke-centre/>

The referral form can also be found in Epic.

For appointment inquiries:

705-743-2121 x. 8321

For clinic information:

Stacey Fair
phone: 705-743-2121 x. 3946
fax: 705-876-5172

What Treatment Should I Initiate Post Head Imaging?

Antiplatelet Therapy

All patients with ischemic stroke or TIA should be prescribed antiplatelet therapy for secondary prevention of recurrent stroke unless there is an indication for anticoagulation. Acetylsalicylic acid (81 mg to 325 mg), clopidogrel (75 mg), or combined ASA (25 mg) and extended-release dipyridamole (200 mg) are all appropriate options.

NOTE: For very high risk TIA or minor stroke combine ASA and clopidogrel for 21-30 days then monotherapy.

OR

Anticoagulation Therapy

Patients with ischemic stroke or TIA and atrial fibrillation should receive oral anticoagulation as soon as it is thought to be safe for the patient. In most patients, Direct non-vitamin K oral anticoagulant (DOAC) should be prescribed in preference over warfarin.

IF PATIENT PRESENTS TO YOUR OFFICE

WITHIN 48 HOURS OF STROKE SYMPTOM ONSET, SEND TO THE EMERGENCY DEPARTMENT AND REFER IMMEDIATELY TO THE SPC IN YOUR AREA.

OVER 48 HOURS FROM SYMPTOM ONSET, REFER IMMEDIATELY TO THE SPC IN YOUR AREA.

Health Teaching

Review signs of Stroke and when to call 911.

Recommend refrain from driving until seen in SPC.

Ask patient to bring health card and medications to SPC.

For patient/family educational materials visit: [crsn.ca](https://www.crsn.ca)

For more information on best practice recommendations visit: [strokebestpractices.ca](https://www.strokebestpractices.ca)

One team, here when you need us most.

www.prhc.on.ca



PRHC

Peterborough Regional
Health Centre