

# STROKE PREVENTION

## FOR PRIMARY CARE PROVIDERS



**Risk of recurrent stroke is 10-20% within 90 days**, with half of the strokes occurring in the first 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?

The Stroke Prevention Clinic (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 & treatment & access to carotid revascularization
- Providing quick access to consultation by a stroke specialist & diagnostic testing
- Identifying risk factors for stroke
- Educating patients & family members about risk factor management

### HOW TO REFER TO THE STROKE PREVENTION CLINIC?

A Physician's or Nurse Practitioner's referral is required. Complete the dedicated SPC referral form found on <https://crsn.ca/en/stroke-prevention-clinics>



Do not delay referring to the SPC if tests are not done or results are not available – **send referrals immediately.**

All referrals are triaged for urgency using best practice recommendations.

#### 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.

### 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.

**THE OTTAWA HOSPITAL SPC**  
**CONTACT:** 613-798-5555 ext 16156  
**FAX:** 613-761-5320

**THE CORNWALL COMMUNITY HOSPITAL SPC**  
**CONTACT:** 613-938-4240 x 3118  
**FAX:** 613-938-5379

**THE PEMBROKE REGIONAL HOSPITAL SPC**  
**CONTACT:** 613-732-3675 Ext. 6640  
**FAX:** 613-732-6350

### 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 & medications to SPC. For patient/family educational materials visit: [crsn.ca](http://crsn.ca)



FOR MORE INFORMATION ON BEST PRACTICE RECOMMENDATIONS VISIT:  
[STROKEBESTPRACTICES.CA](http://STROKEBESTPRACTICES.CA)