

TABLE 2A: Summary of Canadian Stroke Best Practices Recurrent Stroke Risk Levels and Initial Management

(Based on CSBPR Secondary Prevention of Stroke, Section One: Initial Risk Stratification and Management)

Risk For Recurrent Stroke	Time from Stroke Symptom Onset to Healthcare Presentation	Presenting Symptoms	When Patients Should be Seen by Healthcare Professional	Where Patients Should be Seen	Tests to be Done on Initial Assessment
Very HIGH RISK	Within 48 hours	<ul style="list-style-type: none"> - Transient, fluctuating or persistent unilateral weakness (face, arm and/or leg) - Transient, fluctuating or persistent speech disturbance /aphasia. - Fluctuating or persistent symptoms without motor weakness or language/ speech disturbance (e.g. hemibody sensory symptoms, monocular visual loss, hemifield visual loss, +/- other symptoms suggestive of posterior circulation stroke such as diplopia, dysarthria, dysphagia, and / or ataxia). 	Immediately	Emergency Department [ideally ED with brain imaging onsite and access to alteplase] or specialized high risk emergent clinic	CT/CTA or MRI/MRA (aortic arch to vertex), ECG, Lab Work (Table 2B)
HIGH RISK	Between 48 hours and 2 weeks	<ul style="list-style-type: none"> - Transient, fluctuating or persistent unilateral weakness (face, arm and/or leg), or language/speech disturbance 	As soon as possible, ideally within 24 hours	Stroke Prevention Clinic with Neurologist or Stroke Specialist, Nurse Practitioner	CT/CTA or MRI/MRA (aortic arch to vertex), ECG, Lab Work (Table 2B)
Moderate (INCREASE D) RISK	Between 48 hours and 2 weeks	<ul style="list-style-type: none"> - Fluctuating or persistent symptoms without motor weakness or language/speech disturbance (e.g., hemibody sensory symptoms, monocular vision loss, binocular diplopia, hemifield vision loss, dysarthria, dysphagia, and / or ataxia). 	As soon as possible, ideally within 2 weeks	Stroke Prevention Clinic with Neurologist or Stroke Specialist, Nurse Practitioner	CT/CTA or MRI/MRA (aortic arch to vertex),* ECG, Lab Work (Table 2B) * Could consider carotid ultrasound if CTA not available
LOWER RISK	More than 2 weeks	<ul style="list-style-type: none"> - Any typical or atypical symptoms of stroke or transient ischemic attack 	Ideally within 1 month	Ambulatory Clinic with access to Neurologist or Stroke Specialist, Nurse Practitioner	As appropriate based on assessment by healthcare team