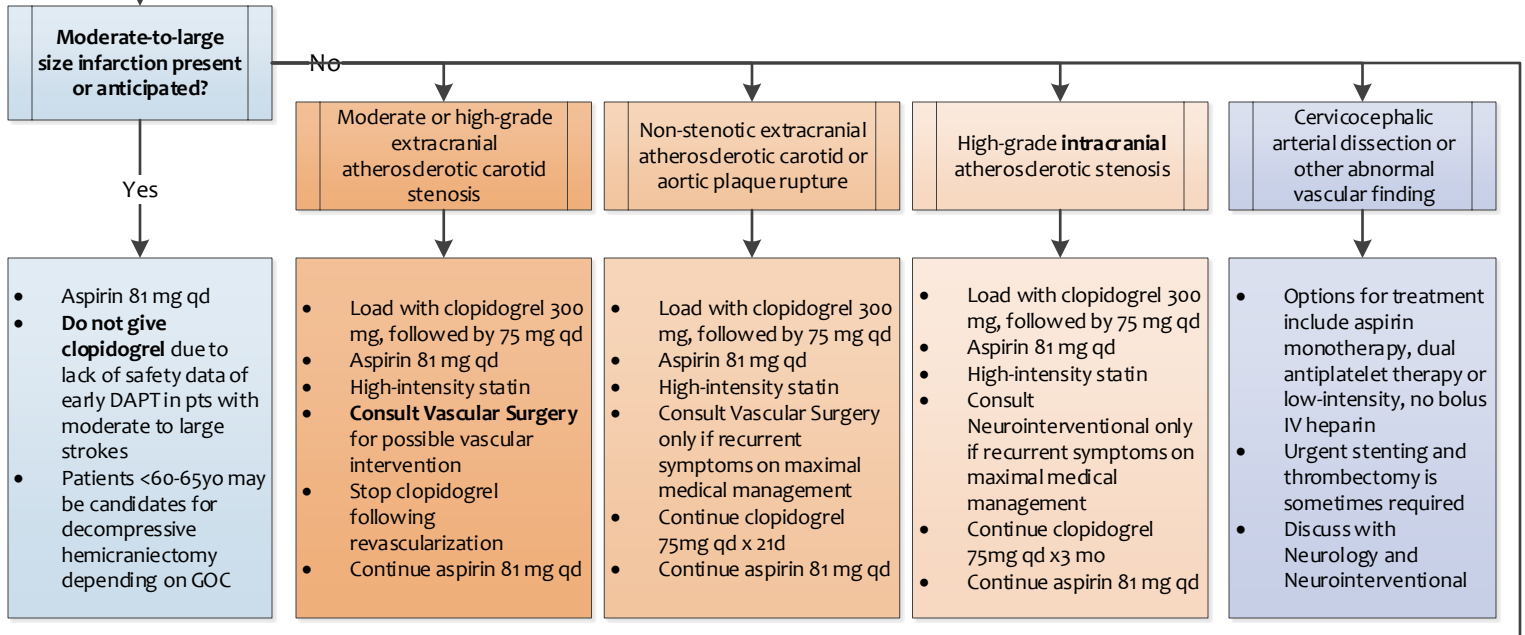


# Dual Antiplatelet Therapy in Acute Ischemic Stroke and TIA

For patients deemed **NOT** to be candidates for IV thrombolysis or EVT for acute ischemic stroke

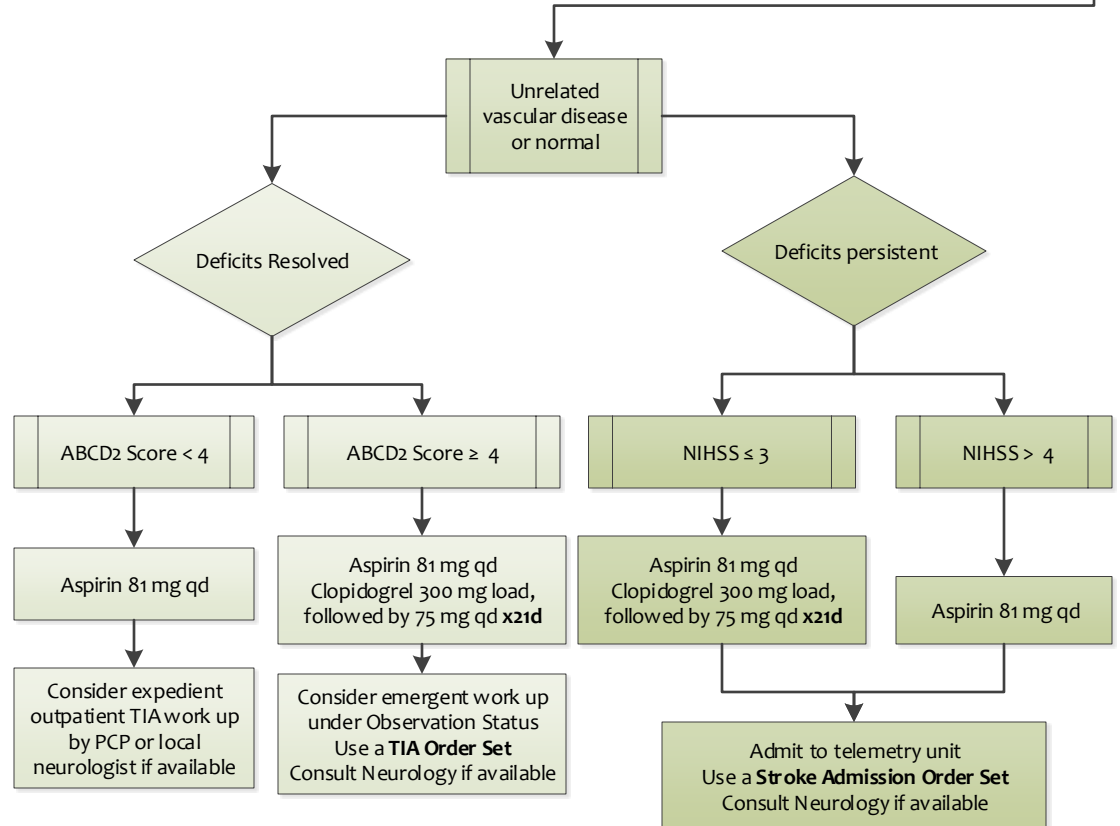
Results of Head CT and CTA head and neck



Antiplatelets should be administered **ASAP** after presentation to the ED and are effective if started up to 72 hrs after stroke onset

**ABCD<sub>2</sub> Score**  
(risk stratification for TIA)

- Age > 60 (1 point)
- BP ≥ 140/90 (1 point)
- Clinical features:
  - Unilateral weakness with or without speech impairment (2 points)
  - Speech impairment without unilateral weakness (1 point)
  - Neither motor nor speech impairment (0 points)
- Duration
  - ≥ 60 min (2 points)
  - 10-59 min (1 point)
  - < 10 min (0 points)
- Diabetes (1 point)



Alternatives to clopidogrel include:  
Ticagrelor 180 mg load, 90 mg bid  
Or Cilostazol 100 mg bid

- Bleeding risks must also be taken into consideration when using dual antiplatelet therapy and ultimate recommendation is at the discretion of the treating physician
- Consider loading with aspirin 325 mg in pts who are aspirin naïve
- If the pt is NPO; give aspirin 300 mg PR
- If the pt is NPO and clopidogrel and statin are recommended, place an NGT for administration

References: CHANCE.NEJM.2013;369:11-19.; POINT.NEJM.2018;379:215-225.; THALES.NEJM.2020;383:207-17.; SAMMPRIS.NEJM.2011;365:993-1003.; SPARCL.Stroke.2013;44:2814-2820.; Early decompressive surgery in malignant infarction of the middle cerebral artery.Lancet Neurol.2007;6: 215-22.; ARAMIS.JAMA.2023;329:2135-2144.; INSPIRES.NEJM.2023;389:2413-2424.