# Transient Focal Neurologic Deficit

**Developed by**
American Academy of Neurology

**How developed**
In 2014, a survey identified the most common reasons for referral. In 2018, the content was reviewed and updated by experts. The templates were developed after review of the literature. In addition to a dedicated work group, multiple committees were asked to review and comment.

**Additional essential patient information**
A brief summary of the case details pertinent to the referral, including vascular risk factors, family history and a history of the following:
- Previous similar events
- Atrial Fibrillation
- Cardiovascular or peripheral vascular disease

Please indicate in the summary if the patient has any of the following:
- Headache
- Incomplete recovery
- Identified triggers (e.g. position)

Provide the following:
- Blood Pressure
- Fasting lipid and glucose levels
- Start anti-platelet agent unless contraindicated.

**Additional patient information, if available**
If deficit improved, but did not resolve, head imaging (CT or MRI)

**Alarm symptoms/conditions**
If the transient deficit is not easily accounted for by non-vascular mechanisms, the patient should be sent to the ER for rapid assessment for a treatable vascular mechanism and treatment of stroke.

**Tests/procedures to avoid prior to neurologic evaluation; if they have been performed, please forward results**
If prompt neurologic evaluation is obtained, the following tests will not be needed:
- MRI or CT scans
- Cardiac Imaging
- Carotid imaging
- EEG

**Common rule-outs to consider prior to consults**
Seizures, migraine, hypoglycemia, functional disorder

**Relevant “Choosing Wisely” elements**
None provided

**Healthcare professional and/or patient resources**
Healthcare Professional Information:

Patient Information: