American Stroke Association
A division of the American Heart Association.
Together to End Stroke®

Secondary Stroke Prevention Checklist

Taking Steps to Prevent Another Stroke

QUESTIONS	YES	RISK / RECOMMENDATION
1. Has the patient had a **stroke**?	☐	The risk of a recurrent stroke is 6% at 1 year, 16% at 5 years, and 25% at 10 years post stroke.
2. Has the patient experienced a **TIA**?	☐	Approximately 12% of all strokes are preceded by a TIA.
3. Has the **underlying cause of the stroke** been identified?	☐	If the etiology of the stroke has not been determined, consider collaborating with colleagues to further evaluate the cause.
4. Is this an **ischemic stroke** patient who should be on an aspirin regimen?	☐	Guidelines recommend that Aspirin (50–325 mg/d) monotherapy or the combination of aspirin 25 mg and extended-release dipyridamole 200 mg twice daily is indicated as initial therapy after TIA or ischemic stroke for prevention of future stroke.
5. Does the patient have **uncontrolled high blood pressure**?	☐	Treatment of hypertension is possibly the most important intervention for secondary prevention of ischemic stroke. Target blood pressure for secondary stroke prevention should be <130/80 mm Hg.
6. Does the patient have **diabetes mellitus** (DM)?	☐	DM is an independent risk factor for stroke recurrence. After a TIA or ischemic stroke, all patients should be screened for DM.
7. Does the patient's **cholesterol level** need to be lowered?	☐	Statin therapy with intensive lipid-lowering effects is recommended to reduce the risk of another ASCVD event. The first goal is to achieve a ≥50% reduction in LDL-C levels, but if LDL-C levels remains ≥70 mg/dL on maximally tolerated statin therapy, adding ezetimibe may be reasonable.
8. Is the patient **physically inactive**?	☐	Physical activity improves stroke risk factors, may reduce stroke risk itself, and aid recovery. For patients who are capable of engaging in regular physical activity, at least 3 to 4 sessions per week of 40 minutes of moderate- to vigorous-intensity aerobic physical exercise are reasonable to reduce stroke risk factors.
9. Does the patient **smoke**, or are they exposed to second-hand smoke?	☐	Current smokers have a 2 to 4 times increased risk of stroke compared with nonsmokers. Talk to your patient about programs, nicotine replacements and other medications that can help them quit.
10. Does the patient need to make **dietary changes**?	☐	It is reasonable to do a nutritional assessment of your patient. Patients should be counseled to follow a diet emphasizes vegetables, fruits, whole grains, low-fat dairy products, fish legumes and nuts, and limits sodium, sweets and red meats.
11. Does the patient drink large amounts of **alcohol**?	☐	Patient who are heavy drinkers should be counseled to eliminate or reduce their consumption of alcohol. Light to moderate amounts of alcohol consumption (up to 2 drinks per day for men and up to 1 drink per day for nonpregnant women) may be reasonable.
12. Does the patient have **sleep apnea**?	☐	A sleep study might be considered for patients with an ischemic stroke or TIA. Treatment with CPAP might be considered for patients with ischemic stroke or TIA and sleep apnea.
13. Has the patient been diagnosed with **atrial fibrillation** (AFib)?	☐	AFib is a powerful risk factor for ischemic stroke, increasing the risk of stroke by five times. It is reasonable to consider a combination of oral anticoagulation therapy and antiplatelet therapy in patients that have CAD, ACS or stent placement.