**Antiplatelets and anticoagulation in stroke – Quick reference guide**

This guidance is adapted from NICE TA210-Clopidogrel and modified release dipyridamole for the prevention of occlusive vascular events.

**Ischaemic stroke/ TIA**
- **Stat Aspirin 300mg PO/PR if unable to swallow**
- **Clopidogrel 75mg daily**
  - Long term for secondary prevention (*unlicensed for TIA)*
- If Clopidogrel contra-indicated or not tolerated: **Aspirin 75mg daily with Dipyridamole M/R 200mg BD long term**

**Ischaemic Stroke + AF**
- **STOP WARFARIN, DABIGATRAN, APIXABAN or RIVAROXABAN (NOACs)**
  - if already taking for AF
  - If for any other indication discuss with Stroke Consultant before stopping.
  - **Give:** **Aspirin 300mg daily for 2 weeks**

**Definite TIA + AF**
- (no acute changes on CT and no residual neurological deficit)
  - **Initiate warfarin** if no contra-indications:
    - Start with 2mg daily for one week
    - Aim for INR 2-3. Continue aspirin until INR >2
    - **OR**
    - **Initiate DABIGATRAN OR APIXABAN OR RIVAROXABAN**
      - (N.B. dabigatran, apixaban and rivaroxaban must only be commenced by a consultant and the checklist must be completed.)
  - For further information on NOAC dosing, contraindications, monitoring and drug interactions refer to individual NOAC clinical guidelines and checklists.

**Haemorrhagic stroke on CT**
- If on warfarin: **STOP**
  - Consider reversal (see formulary)
- If on NOAC: **STOP**
  - Avoid antiplatelets anticoagulants, low molecular weight heparin and NSAIDs

**If warfarin or NOAC contra-indicated:**
- **Continue aspirin 300mg daily**
  - long term for secondary prevention

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**Clinical Guideline**

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