

Rapid Access Stroke Prevention Service / TIA Referral Proforma Oct 2017



Complete for Patients with **Acute Focal Neurological Symptoms** lasting < 24 hours with **NO Residual Neurological Symptoms or Signs**, who **do not** meet admission criteria

- **NB: Refer High Risk Patients for Admission – Discuss with Stroke Team on-call**
- **FAX form** to Neurovascular Service: **01 4143244 (Mon–Fri am)**; Fax accompanying referral letter

Referral Date: / / Date of Symptoms: / / Referring Dr/Contact No.:

Patient Details:
 Hospital Number
 Surname:
 First Name:
 DOB:
 Gender:
 Address:

 Tel. No.: / Mobile No.:

High Risk Patients for Urgent Same Day Admission: (NOT FOR REFERRAL TO OPD if any criteria positive):	Yes	No
- Any Residual Neurological Symptoms or Signs		
- Recurrent TIAs (> 1 in past month)		
- TIA with Atrial Fibrillation		
- TIA with recent MI		
- Known Ipsilateral ≥ 50% Carotid Stenosis		
- Definite Monocular Amaurosis Fugax		
- Suspected Carotid or Vertebral dissection		
- Suspected "TIA" on Anticoagulant therapy		

TIA Risk Stratification Score (ABCD² Score) –
 (Only score if definite TIA + urgent admission criteria not already met – i.e. some patients will need urgent admission regardless of score)

Age	≥ 60 yrs	1	
	< 60 yrs	0	<input type="text"/>
BP	≥ 140/≥ 90	1	<input type="text"/>
	< 140/< 90	0	<input type="text"/> BP...../.....
Clinical Symptoms / Signs			
	Hemiparesis	2	
	Speech Disturbance only	1	<input type="text"/>
	Other symptoms	0	
Duration			
	≥ 60 minutes	2	<input type="text"/>
	10 - 59 minutes	1	
	< 10 minutes	0	
Diabetes			
	Yes	1	<input type="text"/>
	No	0	
TOTAL SCORE:			
<input type="text"/>			

- **ABCD² Score 0–3:** Fax Referral for RASP Clinic Assessment Mon-Fri
 - **ABCD² Score ≥ 4:** Refer for admission to ED with RASP Proforma
 - **GPs to refer all TIAs from Fri pm- Mon 9am to ED for assessment**
 - Advise patient not to drive, operate heavy machinery or fly until reviewed
 - Advise smoking cessation and provide RASP Clinic information leaflet
 - **If further TIA symptoms – Present immediately for admission to A&E**

Appointment made: Y / N Appointment date: / /
 Patient notified: Y / N GP notified: Y / N

Note: Isolated Vertigo, Dizziness, Blackouts are very rarely due to TIA

Tick as appropriate ✓

Symptoms	Yes	No
- Transient Monocular Blindness / Visual Field Defect		
- Diplopia		
- Vertigo+ other brain stem syms		
- Transient Dysphasia / Dysarthria		
- Transient R or L Weakness		
- Transient R or L Sensory loss		
- Sudden Ataxia		
Risk Factors		
- Previous TIA / Stroke		
- Hypertension		
- Smoker		
- Diabetes Mellitus		
- Ischaemic Heart Disease		
- Valvular Heart Disease		
- Atrial Fibrillation (ADMIT)		
- Carotid Stenosis (ADMIT)		
- Peripheral Vascular Disease		
- Hyperlipidaemia		
- Migraine		

Investigations:
 If done – circle and attach results:

FBC / ESR / U&E / LFTs / CRP / Fasting Glu / fasting Lipids / TFTs / ECG

Medications BEFORE presenting event: (ADMIT if on Warfarin / Heparin)
 Aspirin (Y/N [Dose]):
 Dipyridamole (Y/N [Dose]):
 Clopidogrel (Y/N [Dose]):
 Others: