

Rapid Access Stroke Prevention Service / TIA Referral Proforma May 2010



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):

- Any Residual Neurological Symptoms or Signs
- Recurrent TIAs (> 1 in past month)
- TIA with Atrial Fibrillation
- TIA with recent MI
- Known Ipsilateral Severe Carotid Stenosis
- Definite Monocular Amaurosis Fugax
- Suspected Carotid or Vertebral dissection
- Suspected "TIA" on Anticoagulant therapy

Yes	No

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"/>	BP...../.....
	< 140/ < 90	0	<input type="text"/>	
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:

- **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	Yes	No
- 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: