

Suspected TIA?

Are the symptoms still present (esp. FAST positive)?

Yes

ACTION: TREAT AS ACUTE STROKE

1. Complete form to send with patient
2. Call ambulance
3. Contact Stroke team at
St George's Hospital Tooting
0208 672 1255 **Bleep 7317**

No

Refer to TIA clinic using referral form based on ABCD²

TIA Clinic Referral

Local protocols will differ depending on availability of open access clinics or appointment systems (see list on next page)

- Complete clinical information on referral form
- Start aspirin 300mg and give first dose unless CI
- Give Lifestyle management advice
- Advise patient not to drive until assessed at TIA Clinic
- Advise patient to call 999 if they have a further event

If ABCD² score >3 – High risk TIA

If ABCD² score <4 – Low risk TIA

NB Treat as High Risk TIA:

If patient has had 2 or more events in the last 7 days
or
are on Warfarin
or
=< 40 yrs with likely TIA/stroke and neck pain
or
TIA symptoms and have prosthetic valve and are under anti-coagulated

Assess the risk of Stroke

ABCD ²	score
Age <60 years	0
60 or above	1
B lood pressure	
SBP >140mm Hg or DBP >90mm Hg	1
BP below these levels	0
C linical features	
Any unilateral weakness (face/ hand/arm/leg)	2
Speech disturbance (without motor weakness)	1
Other weakness	0
D uration of symptoms	
>60 minutes	2
10-59 minutes	1
<10minutes	0
D iabetic	
Yes	1
No	0

SWL TIA Clinic Details as at April 2011

Hospital	Weekdays	Weeknights/Weekends Bank Holidays	Service details
<p>Croydon Fax TIA Referral to: 0208 401 3741 (ward fax) Name and Number of key contacts: TIA administrator Denise Fido 020 8401 3351 (3701)</p>	<p>High Risk: Tell patient to attend Open Access clinic within next 24 hours (or A&E)</p>	<p>High Risk: Admit to Hospital via A and E.</p>	<p>Open Access clinic 9.00 – 3.30pm Monday to Friday (excl BankHolidays) Heathfield 1 Ward Ground Floor London Wing Croydon University Hospital London Road Croydon. 020 8401 3351 (3701) Report to Reception Desk</p>
	<p>Low Risk: Tell patient to attend Open Access clinic same or next day</p>	<p>Low Risk: Send to next open access TIA clinic</p>	
<p>Kingston TIA Fax Referral to: 020 8934 3884 Name and Number of key contacts: MGPU 020 8934 3883 (Catie Patterson)</p>	<p>High Risk: Telephone MGPU and Fax referral Mark as urgent. Let patient know they will be seen within 24 hours</p>	<p>High Risk: Refer to medical SpR on call for admission to MAC for investigations</p>	<p>Monday to Friday (excl Bank Holidays) daily clinics held at 2pm on the MGPU. The stroke/TIA clinic can also be accessed via Drs McNabb / Choy secretary (ext 2276), fax 020 8934 3287 MARK THE REFERRAL AS URGENT</p>
	<p>Low Risk: Fax referral Mark as urgent</p>	<p>Low Risk: Fax referral Mark as urgent</p>	
<p>St George's For any patient with a TIA in the last 7 days: Call 07826 934 376 Mon-Fri 9am-6pm If afterhours bleep Stroke Registrar via 0208 672 1255 NB: High Risk patients can also be referred to the ED</p>	<p>High Risk or TIA in last 7 days: Between 9am-6pm Mon-Fri Call the Stroke Consultant on 0782 693 4376</p>	<p>High Risk or TIA in last 7 days: On weekday evenings and at weekends: bleep Stroke Registrar via St George's switchboard - 0208 672 1255</p>	<p>High Risk patients or TIA in last 7 days seen on Hyperacute Stroke Unit HASU or Neurosciences day unit within 24 hoursnds) Late presenting patients with TIA seen on Neurosciences Day Unit Mon-Fri.</p>
	<p>If last TIA >7 days ago: fax referral form to 020 8725 4591</p>	<p>If last TIA >7 days ago: fax referral form to 020 8725 4591</p>	
<p>St Helier TIA Fax Referral to: 020 8296 2421 Name and Number of key contacts: See individual pathways for High risk and Low risk for further details</p>	<p>High Risk: Mon-Thur 8.00-16.00 Fri 8.00-12.00. Phone 07791 123499 and fax referral to 0208 2962421</p>	<p>High Risk: Sun –Thurs 16.00-08.00 Ask patient to phone stroke secretary on 020 8296 2404 at 9am to arrange assessment. Fax referral to 0208 2962421 Fri 12.00 – Sun 16.00 and Bank Holidays Arrange admission via Medical registrar</p>	<p>See St Helier pathway for further details. (next page) Pathway and referral form also available on intranet and trust website</p>
	<p>Low Risk: Fax referral to TIA clinic on 020 8296 2421. Ask patient to phone stroke secretary on 020 8296 2404 next working day for low risk appointment</p>		

St Helier TIA Pathway

Purpose of Pathway
All High Risk TIAs need to be assessed, investigated, started on secondary prevention and where applicable referred to Vascular Surgeons all within 24 hours of presentation to medical services

Patient has neurological symptoms suggestive of TIA*

*If patient has neurological symptoms still present at assessment stroke is likely diagnosis. They need immediate transfer to HASU at St George's Hospital

*TIA unlikely:
Confusion (beware dysphasia)
Loss of memory
Isolated vertigo
Faintness
Syncope

ADMIT:
Strokes (to SGH)
TIA patients on warfarin (need urgent scan at St Helier)
TIA and medically unstable (St Helier)

Assess ABCD2 Score
Give aspirin 300mg

ABCD2 Score	
Age > 60	+1
Blood Pressure > 140/90	+1
Clinical	
Unilateral weakness	+2
Speech disturbance only	+1
Duration	
>60 minutes	+2
10-59 minutes	+1
<10 minutes	+0
Diabetes	+1
Total	—/7

LOW RISK
ABCD2 Score 3 or less

To be seen and investigated within 1 week of the onset of symptoms
Fax referral to the TIA clinic on 020 8296 2421 using TIA referral form**
Patient advised not to drive
Ask patient to phone stroke secretary on 020 8296 2404 next working day for "low risk" appointment

High risk of Stroke

- ABCD2 Score 4 or more
- Crescendo TIAs (2 or more in a week)

To be seen, investigated and treated within 24 hours of presentation to medical services (i.e presentation to paramedics, GP, A&E)

Monday - Thursday
0800-1600 hours
Friday 0800-1200 hours

Sunday-Thursday
1600-0800 hours

Friday 1200-Sunday 1600 hours
Bank Holidays

- Refer directly to **Stroke team on TIA phone 07791 123499**
- for assessment within 24 hours of presentation
- Patient advised not to drive until assessed
- Fax **TIA referral to 020 8296 2421

- Ask patient to telephone stroke secretary on **020 8296 2404** at 0900 to arrange assessment
- Fax **TIA referral to 020 8296 2421
- Patient advised not to drive until assessed
- Give patient copy of referral

- Patient must be assessed and treated within 24 hours of presentation to medical services
- Arrange admission via medical registrar
- FBC, clotting, ESR, glucose, lipids, U&E, LFT all patients
- MRI brain & carotid doppler available Saturday mornings (radiographer will contact medical registrar)
- CT brain & carotid Doppler available Sunday mornings-consultant/consultant referral required for CT, medical team to liaise with sonographer in room 3 for doppler
- If no haemorrhage on scan prescribe **antiplatelets and statin**
- If 50% or more symptomatic carotid stenosis on Doppler, do **NOT** discharge until stroke team assessed
- Discharge **only** when all investigations complete and patient on treatment
- Ask patient to telephone stroke secretary on 020 8296 2404 on next working day to arrange follow up appointment
- Patient to be given photocopy of completed TIA proforma **
- Fax completed **TIA proforma to stroke secretary on 020 8296 2421 for follow up

**TIA referral form and TIA proforma available on intranet & trust website

Advise Patient not to drive for 1month

Kingston TIA CLINIC REFERRAL FORM

<p style="text-align: center;">Kingston Hospital NHS Trust TIA CLINIC REFERRAL FORM</p> <p>**FAX NUMBER: 02089343884 (Please fax referral urgently) Stroke team bleep 463 (Stroke registrar)</p> <p>GP STAMP(name and address)</p>	<p>Source of referral (please ring):</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%;">GP</td> <td style="width: 15%;">A&E</td> <td style="width: 15%;">MAU</td> <td style="width: 15%;">Paramedic</td> <td style="width: 15%;">Other</td> </tr> </table> <p>Date and time of First Contact with 1st HCP Date __ / __ / __: time __ : __ (24h clock)</p> <p>Name of referrer and contact phone number:</p> <p>Date and time of referral: Date __ / __ / __: time __ : __ (24h clock)</p> <p>CLINIC DATE: Date __ / __ / __: time __ : __ (24h clock)</p>	GP	A&E	MAU	Paramedic	Other
GP	A&E	MAU	Paramedic	Other		
<p style="text-align: center;">Patient details</p> <p>Name :</p> <p>Sex : D.O.B. : Address:</p> <p>Tel. No.: Carer's name Tel</p>	<p>Date and time of onset of symptom(s) Date __ / __ / __: time __ : __ (24h clock)</p> <p>Brief history</p> <p>Previous TIA's or Stroke? Yes / No If yes, when and how many</p>					
<p>Handed Left / Right Preferred language Interpreter needed Yes / No</p>	<p>Driver Yes / No Is Hospital transport required? Yes / No Type required Car <input type="checkbox"/> Ambulance <input type="checkbox"/></p>					

ABCD2 SCORE if presenting within 7 days	POTENTIAL POINTS	POINTS	Past Medical History:	
Age \geq 60	1			
< 60	0			
BP Systolic $>$ 140 or Diastolic \geq 90	1			
Systolic $<$ 140 & Diastolic $<$ 90	0			
Clinical features				
Unilateral weakness	2			
Speech disturbance	1			
Sensory Loss/ other symptoms	0			
Duration \geq 60 minutes	2			Family History:
10 – 59 minutes	1			
< 10 minutes	0			
Diabetes Present	1		Social History:	
Absent	0			
TOTAL SCORE				

If score 4 or above, or more than 1 TIA in a week, or on anticoagulant follow high risk pathway

Current Drug Therapy:

Please start aspirin 300mg of immediately. If aspirin intolerant consider alternative anti-platelet

Please specify: -

- If on Aspirin at time of event and/or other anti-platelet drug(s)

If on Warfarin and why?

Most recent INR with date (if known):

Please circle any known additional risk factors:

Previous TIA / CVA,	IHD	Known carotid disease	Atrial Fibrillation
Hypertension,	Diabetes,	Impaired LV function	Acohol
Hyper-lipidaemia,	Smoking Current /Ex if current number/day	Peripheral vascular disease	Obesity

<p align="center">TIA OPEN ACCESS CLINIC REFERRAL FORM</p> <p align="center">To make referral call first on 07826 934 376 Mon-Fri 9am-6pm Then fax referral to 020 8725 4591 If afterhours bleep Stroke Registrar via 0208 672 1255</p>	<p>Source of referral (please ring):</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">GP</td> <td style="width:15%;">A&E</td> <td style="width:15%;">MAU</td> <td style="width:25%;">Paramedic</td> <td style="width:30%;">Other</td> </tr> </table> <p>Date and time of First Contact with 1st HCP Date __ / __ / __ : time __ : __ (24h clock)</p> <p>Name of referrer and contact phone number:</p> <p>Date and time of referral: Date __ / __ / __ : time __ : __ (24h clock)</p> <p>GP STAMP (name and address)</p>	GP	A&E	MAU	Paramedic	Other																																								
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**Epsom And St Helier University Hospitals NHS Trust
TIA Referral St Helier**

<p align="center">TIA Clinic St Helier 020 8296 2404 **FAX NUMBER: 020 8296 2421 (Please fax referral urgently) GP STAMP(name and address)</p>	<p>Source of referral (please ring):</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">GP</td> <td style="width:20%;">A&E</td> <td style="width:20%;">CAU</td> <td style="width:20%;">Paramedic</td> <td style="width:20%;">Other</td> </tr> </table> <p>Date and time of Episode Date __/__/__: time __:__(24h clock)</p> <p>Date and time of First Contact Date __/__/__: time __:__(24h clock) Name of referrer and contact phone number:</p> <p>Date and time of referral: Date __/__/__: time __:__(24h clock)</p>	GP	A&E	CAU	Paramedic	Other
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<p align="center">Patient details</p> <p>Name :</p> <p>Sex : D.O.B. : Address:</p> <p>Tel. No.: Mobile No: Handed R L Driver Y N</p>	<p>Date and time of onset of symptom(s) and brief history</p> <p>Previous TIA's or Stroke? Yes / No If yes, when and how many?</p>					

Past Medical History:	ABCD2 SCORE if presenting within 7 days	POTENTIAL POINTS	POINTS
	Age \geq 60	1	
	<60	0	
	BP Systolic $>$ 140 or Diastolic \geq 90	1	
	Systolic $<$ 140 & Diastolic $<$ 90	0	
	Clinical features		
	Unilateral weakness	2	
	Speech disturbance	1	
	Sensory Loss/ other symptoms	0	
Family History:	Duration \geq 60 minutes	2	
	10-59 minutes	1	
	$<$ 10 minutes	0	
Social History	Diabetes Present	1	
	Absent	0	
	TOTAL SCORE		
	If score 4 or above, <u>or</u> more than 1 TIA in a week, <u>or</u> on anticoagulant follow high risk pathway		

Current Drug Therapy:

Please start aspirin 300mg od immediately
If aspirin intolerant consider clopidogrel 75mg od as an alternative
Please specify: - If on Aspirin at time of event and/or other antiplatelet drug(s)
- If on Warfarin and why. Most recent INR if known

Please tick any known additional risk factors:

Previous TIA / CVA	IHD	Known carotid disease	Atrial Fibrillation
Hypertension	Diabetes	Impaired LV function	Alcohol
Hyper-lipidaemia	Smoking	Peripheral vascular disease	Obesity