Transient Ischaemic Attack (TIA)

Department of Neurology

CLINIC REFERRAL FORM

Important information:

Only patients who have had a TIA are suitable for this clinic. ALL patients MUST be scored using the Rothwell Risk Assessment at the time of consultation. Appointments will be arranged quickly so we need a reliable contact number for ALL patients. If you are seeing the patient at more than 7 days after their event the Rothwell risk is automatically scored at LOW.

For HIGH Risk TIA patients, ring UHNS and ask for ‘High Risk TIA On Call’ – 24/7 service

For LOW Risk TIA patients, fax a referral to 08442448261 immediately. Check the referral has been received by ringing 01782 675356

CLINICAL DETAILS

|  |  |  |
| --- | --- | --- |
| Date and Time of Event: |  | Date and Time of Presentation (to referrer e.g. GP/A&E): |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Patients Tel No (1) |  |
| First Name |  | Patients Tel No (2) |  |
| Date of Birth |  | Referring Doctor |  |
| NHS Number |  |
| Address  Telephone number |  | Source (please circle) |  |
| GP Address |  |

|  |  |  |
| --- | --- | --- |
| HOW TO DETERMINE IF HIGH OR LOW RISK…..Rothwell ABCD 2 Scoring (Lancet 2007Jan 27 369 9558 283-92) *[S=score]* | Score | |
| Clinical Features - choose the predominant symptom from:  Ataxia or nausea and vomiting or bilateral weakness or transient uniocular visual loss or visual field loss (S=0)  Dysphasia or dysarthria with no weakness (S=1)  Unilateral weakness of face/arm/leg (S=2) |  | |
| Age over 60 years old (S Yes=1, No=0) |  | |
| Blood pressure at time of event >140mmHg systolic or >90mmHg diastolic (S\_Yes=1, No=0, Not Known=0) |  | |
| Duration choose one from:  Symptom duration less than 10 minutes (S=0)  Symptom duration 10 – 59 minutes (S=1)  Symptom duration 1hr or longer (S=2) |  | |
| Diabetes (S\_Yes=1, No=0) |  | |
| TOTAL SCORE |  | |
| RISK SCORE (0-3 is LOW / 4-7 is HIGH) | LOW / HIGH | *(Please circle)* |

|  |
| --- |
| Please tick  🞏Hypertension  🞏Diabetes  🞏High Cholesterol  🞏Smoker  🞏Heart failure  🞏Previous TIA/Stroke  🞏IHD/PVD  🞏AF  🞏Excess Alcohol  Please include as much clinical detail about the episode in this box or attach clinic consultation…  \*\*Please advise your patient that DVLA expects patients with a TIA or Stroke to refrain from driving for 28 days from the date of their episode. Thank You |

DECISION TOOL

|  |  |  |  |
| --- | --- | --- | --- |
|  | Consider the patient’s atypical onset features on presentation.  *Complete the questions below:* | No | Yes |
| Gradual onset or spread of symptoms |  |  |
| Seizure or loss of conscious |  |  |
| Transient amnesia |  |  |
| Isolated vertigo with no other cranial nerve features |  |  |

If ‘Yes’ to any of these questions STOP.

This is unlikely to be a TIA,

Action: Consider alternatives referral route e.g. refer to Dr S Ellis, General Neurology or the NHS Stoke Funny Turns Clinic.

Symptoms still present?

Acute Stroke Pathway

Send patient to A&E immediately.

Most recent event within last 7 days?

Is this a high risk patient?

(score >=4)

Low Risk TIA Pathway

If patient not on antiplatelet/ anticoagulant give aspirin 75mg OD (unless contraindicated) until seen in clinic.

Complete referral form

Fax referral to 0844 2448261 (DO NOT POST)

To check referral received call 01782 675356 9:00 – 17:00.

Yes

No

Yes

No

No (score <4)

High Risk TIA Pathway (>=4)

If patient not on antiplatelet/ anticoagulant give patient 300mg aspirin OD (unless contraindicated) until seen in clinic.

Complete referral form

9am-5pm Mon-Fri: Bleep 103 ‘High Risk TIA On Call’ via UHNS Switchboard on 01782 715444 immediately.

Out of hours

Fax referral to 0844 2448261

(DO NOT POST)

To check referral received call 01782 675356 in hours 9.00hrs to 17.00hrs

If ‘No’

Calculate Rothwell Score *(see below)*

Yes

If ‘Yes’ to any of these questions STOP.

This is unlikely to be a TIA,

Action: Consider alternatives referral route e.g. refer to Dr S Ellis, General Neurology or the NHS Stoke Funny Turns Clinic.