

Transient Ischaemic Attack Referral Protocol

High risk TIA patients have an 8% risk of stroke within 24 hrs and a 12% risk of stroke in 7 days.

All TIA patients are considered at high risk (RCPG2016).

Patient details	Name:	DOB:	Age:		
Address:					
Telephone:		NHS Number:			
Next of Kin Name:		Next of kin Contact no:			
GP details	Name:	Event dates/times	Date		
Practice:		Onset of index event			
		GP assessment			
Practice Number:		Referral received			
Alternative Priority Number:					
Atypical onset features			Yes/ No		
<p>If 'Yes' to any of these at onset, TIA is an unlikely diagnosis, so consider alternative referral route. If in doubt discuss with Stroke Consultant of the day on Radiopage via switchboard at WRH 01905 763333</p>			Gradual onset or spread of symptoms		
			Seizure or loss of consciousness		
			Transient amnesia		
			Isolated vertigo with no other cranial nerve features		
<p>Brief description of attack. Please also attach referral letter with details of PMH, DH, allergies, etc, as necessary</p>		ABCD ² score (please enter score of 0,1 or 2)			
		Age	60 years or older = 1 Less than 60 years = 0		
		BP	Systolic ≥140 or diastolic ≥ 90 = 1 Systolic <140 & diastolic < 90 = 0		
		Clinical features	Unilateral weakness = 2 Speech disturbed without weakness = 1 Others = 0		
		Duration	60 minutes or longer = 2 10 - 59 minutes = 1 < 10 minutes = 0		
		Diabetes	Known diabetic = 1 Not known to be diabetic = 0		
		Amaurosis fugax (visual signs)			
		Retinal Artery Occlusion			
		Please use ABCD ² Score as it will help us to prioritise appointments (our aim is to offer appointments within 24 hours of referral for every patient)		Enter total score (score range 0-7)	

**Referral
algorithm**

Is the patient currently
experiencing symptoms?

Yes

No

**Acute stroke pathway
Call 999**

Do not give aspirin

Every patient needs to be aware about the driving regulation (not to drive until discussion in the TIA clinic)

Advise patient they will have a telephone call to book the appointment

Advise patient to present to A&E as emergency if further symptoms occur

Please review if the patient is on anticoagulation

Yes

No

**Patient needs a CT head scan immediately.
Please contact the Stroke Consultant on call
to organise the urgent CT head scan. If OOH,
contact Medical Registrar on call (bleep 698)**

Give Aspirin 300mg stat and then 300 mg OD until review in clinic (unless contraindicated). If contraindicated then consider stat dose of clopidogrel 300mg then 75mg clopidogrel

And **send referral** either by fax or email

Fax referral to: **01905 733153**

Email referral to: Wah-tr.TIAReferrals@nhs.net

TIA clinic internal number: **30685**